From Registration to Match!

The Successful IMG

Easy and proven guide to shortening the arduous path to residency in the US

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Introduction

“I fear regret more than I fear failure.”
Every physician I met has a dream, a drive to become the best doctor they could be and, of course, in the process, provide their families with a comfortable life. I too shared this dream, and to achieve it; I was willing to do whatever it took. For most, becoming a resident physician in the US would make this dream a reality. Still, the process it takes to become a doctor in the US is often too complicated, and that coveted residency spot seems unattainable.

As an international medical graduate, I knew I wanted to be US-trained. But I often found the USMLE path too complicated and filled with traps and obstacles that would take years of my life. So, when I finally decided to go for it, I found myself wallowing in the wrong resources, spending months of my preparation time without making any progress. But luckily, I found what I was missing.

How easy would it be if we could precisely know what to do to become successful instead of listening to many youtube videos that contradict themselves and wasting time on unnecessary materials. This book is designed to tell you exactly what to do on a step-by-step basis, clearly and concisely. This book will guide you to have the shortest path to USMLE success and start your life as a resident in the US. I can confidently say that because as an international medical graduate, I completed all three exams in 1 year (step 1,2CK and OET), managed to have excellent scores, and matched my first choice IM program despite having 0 US clinical experience. I know what you’re thinking, most of you think I’m a genius, and some think I am lucky, but I am telling you I’m neither.

This book is written for the driven people who want to achieve their dreams or are already in the process, to guide and mentor them through the arduous USMLE path. I guarantee you that reading this book is a massive step toward cutting down preparation time, getting better grades, and matching into US residency.

Decide, Commit, Succeed

In the interviews, it’s not rare to get asked, “why do you want to come to the US?”. The answer to that question was simple enough for me. I asked the same question to myself when I started the journey. I’ve always dreamed of becoming a doctor from a young age. But as I went through med school, I realized that not only that, but I wanted to be excellent at what I do, be in the top 1% of people in my

profession. And it only made sense to be trained in the best setup if I was to achieve excellence.

To others, the answer to that question may not be so simple. During the interview trail, I met physicians from war-stricken countries like Palestine and Syria, who were forced to flee their homes and perused this path to be a shining light to their families. I've also met physicians from India and Pakistan who enjoy their work in their home countries, but that took a backseat when they decided to have a family and become providers. They realized their salaries could not allow them to provide their families with the lifestyle they desired. Although one is glorified over the other, I think both are equally strong motivators.

The problem with most people is that they have the motivation but lack commitment. Motivation is a temporary state that fluctuates. It goes high with the highs and low with the lows. Motivation might help you decide to take action and change, but it will not make you maintain the positive changes. That is why people listen to motivational speakers over and over.

Commitment forces you to follow through. For example, a person who quit his job and dedicated his entire time to studying for USMLE will be more committed than a person who does it part-time. That person is also likely to finish the exam in a shorter period. Commitment can come in other forms; for example, paying for the exam and setting a date, having a friend on the same path that can hold you accountable is another. Whatever the form, you always want to be committed. But before you commit, you need to have a plan. It's crucial to have a plan before you start the path because you can't afford to come up with it as you go. Doing that will cost you valuable time and effort. Having a plan is essential for many reasons. First, it will give you a framework to operate on; you'll know how much you've gone and left on your journey, which will help you guide your effort and avoid burnout. For example, if you don't have a set plan and decide to prepare for step 1 for over a year, you'll inevitably burn yourself out and perform poorly on step 2ck. This is common sense, but I've seen many people make that mistake. Here is another scenario, if you are limited in the amount of money you can spend and cannot afford to pay thousands on getting US clinical experience, you must plan accordingly. Because, in this case, you cannot afford to get average scores as it will significantly decrease the chances of matching. You have to find that sweet spot to study enough to ensure excellent scores and avoid burnout. Lucky for you, I prepared generalized plans to give you the fastest route to your dream.

Cost of USMLE journey

"The best way to save money is to match on the first attempt."
All types of people from different financial hierarchies go through this journey to achieve their dreams. Some have a tight budget, while others are more flexible in what they are willing to spend. But going frugal on this path can be costly. If you believe that something will make a difference in your application, don't be scared to spend that money. After all, the most significant hit your career can take is not matching and having to apply again. Imagine applying again, costing you valuable time and effort and thousands of dollars due to a poorly written personal statement that you could have corrected if you used a paid editing service for about 100$. Believe in yourself and go for it on the first try rather than taking those risks.

The perfect plan
While in med-school
Take step 1
Apply and do the electives/sub internships
Do step2ck
Take OET

Graduate
Apply for the match
Match
Start residency

You should take the USMLE exams and do electives while still in medical school in a perfect scenario. But not everyone can execute this plan. I certainly couldn't for a couple of reasons:

1. Like many, I decided to pursue a US residency after I graduated.
2. I didn't have access to this information.
3. Even if I decided to go through the process and had the information early in medical school, I could not afford to pay for electives and travel to the US.

Therefore, I had to look for a different plan that would not take years of my life and was easy on my pocket. The great thing about the second plan is that you use it even if you've already graduated.

The Fast track to residency
DO step 1
Take short break
Do step 2ck
Take another short break
Do OET
(Dedicate your time and complete the three exams in 12 months. Remember, time is king)
Do tele-rotation/observership/ externship (Especially if you don't have excellent scores)
Prepare your eras application
Apply
Match
Start residency

It is known that residency programs want candidates fresh out of medical school. Some programs even use filters that eliminate old graduates who graduated from medical school > 5 years ago when reviewing applications to extend interviews. The fast-track method is for anyone who can't start this journey in medical school. Since you couldn't start early, you should focus on completing it as quickly as possible without compromising your scores.

The fast-track plan is very beneficial. Because step 2 CK requires applying many of the concepts from step 1, taking them back-to-back instead of having a long layoff (like one year) will save massive amounts of time while preparing for step 2 CK. Scoring well on USMLE exams (right now, only step 2ck) is probably the most important thing you can do to bolster your chances of matching. Luckily, I had excellent scores on both USMLE exams and am willing to show you how you can get good scores in the shortest time possible.

The USMLE Exams

Taking the USMLE exams is the most challenging and most time-consuming part of this journey. Often dubbed as 'the beast' on Reddit forums, the test has earned a notorious reputation for being one of the most challenging tests in the world. But if taking the exams was easy, everyone would have done it, and it would not be exceptional. But one thing is for sure, with adequate preparation and dedication, the exams are very doable. And it doesn't take a genius to score well too. I've met countless people who were average students during medical school that scored top marks (>250) in the USMLE exams. Your score relies more on your discipline during your preparation.

It is redundant to hear from USMLE gurus that "Scores aren't everything." But something that nobody is telling you is, if you score well on your exam (260+), you can match in most mid-tier to low-tier programs even without any USCE and only home country LORs. In other words, programs are willing to overlook deficiencies in other parts of your application if your score is top-notch because scores are the only objective measures of your academic prowess. But if you have average or below scores, you must round up your applications and impress through your CV. And so, chances are you would benefit a lot from USCE (externship, observership, or tele rotation) and LORs written by a US physician. I will explain the different types of US clinical experiences later in this book.

Eligibility for the USMLE Steps

Step 1 and Step 2 CK

https://www.usmle.org/bulletin-information/eligibility

To be eligible, you must be in one of the following categories at the time you apply **AND** on the day of your examination:

- a medical student officially enrolled in, or a graduate of, a US or Canadian medical school program leading to the MD degree that is accredited by the Liaison Committee on Medical Education (LCME), OR
- a medical student officially enrolled in, or a graduate of, a US medical school leading to the DO degree that is accredited by the Commission on Osteopathic College Accreditation (COCA), OR
- a medical student officially enrolled in, or a graduate of, a medical school that is outside the US and Canada, listed in the *World Directory of Medical Schools* as meeting ECFMG eligibility requirements, and that meets other eligibility criteria of the ECFMG

If you are dismissed or withdraw(n) from medical school, you are not eligible for the USMLE, even if you are appealing the school's decision or are otherwise contesting your

status. If you are on a leave of absence, please check with the organization that registered you for your examination before submitting your application; if you have already registered, check before testing. Failure to notify the organization that registered you for your examination of your changed status may result in a determination that you engaged in irregular behavior and placement of a permanent annotation on your score reports and transcripts.

Register with ECFMG

Once you decide and commit to taking the exams and finding out that you are eligible, you need to register with ECFMG. According to the US Department of Education, the educational commission for foreign graduates (ECFMG) is the authorized guidance agency for non-US physicians and graduates of non-US medical schools who seek to practice in the United States or apply for a US medical residency program. It is headquartered in Philadelphia, Pennsylvania.

1. Create an account with ECFMG

Go to https://www.ecfmg.org/ --à online services--àIWA (interactive web applications).
Read the instructions carefully before proceeding to the biographic information section and filling out your personal statement.
This process allows you to create an ECFMG ID and password
IWA will generate **form 186** for you to download and complete

Starting September 2018, ECFMG has made it **compulsory for international medical graduates** to fill out an ECFMG Form 186. This process is required to proceed further with your USMLE applications. Without filling out Form 186, you cannot get access to the link to apply for USMLE.
The **Certification of Identification Form** (Form 186) is required to confirm an applicant's identity as part of the ECFMG certification process.

ECFMG

Certification of Identification Form (Form 186) Instructions

The Certification of Identification Form (Form 186) is required as part of the ECFMG certification process to confirm your identity. Once ECFMG accepts Form 186, it typically remains valid indefinitely, and you can apply for additional certification-related services, including applying for the United States Medical Licensing Examination® (USMLE®).

Form 186 must be completed and notarized using NotaryCam, which provides convenient, on-line access to professionally licensed and certified notaries. On-demand NotaryCam sessions are available seven days a week, 3:00 a.m. to 11:00 p.m., Eastern Time in the United States. Appointments can be made for any time. Fees for using NotaryCam were included in your application fee, therefore, you will not be required to pay fees to have NotaryCam certify Form 186. Visit https://www.notarycam.com/ecfmg for detailed instructions.

To use NotaryCam to complete Form 186, you will need:

- PDF file of Form 186 ECFMG provided to you (image files not accepted)
- a scanned, color image of the required page(s) of your passport
- a computer with a webcam (Visit https://www.notarycam.com/faq/ for system requirements.)

Form 186: As part of your NotaryCam session, you will be required to upload the PDF of Form 186 ECFMG provided to you (either after completion of the on-line portion of the Application for ECFMG Certification or via a link in ECFMG's Interactive Web Applications (IWA)). Form 186 must be completed during the NotaryCam session, and it must be received by ECFMG within one year of the date it was created.

Passport: As part of your NotaryCam session, you will be required to upload a scan of your current, unexpired passport. A copy of your passport scan will be provided to ECFMG for your permanent file. *Passports are used by ECFMG for identity verification only.*

INCLUDE:	BE:
• The page with your name* and photograph • The passport expiration date (may be a separate page from name/photo page) • The section of your passport in Latin characters (if the page with name/photo is not in Latin characters)	• Actual size of passport page • Clear and legible with all edges and corners • In color • In (JPEG) format • A file size of 2MB or less

***Important Note:** If the name, gender, and date of birth you submitted as part of the Application for ECFMG Certification do not match exactly the same information in your passport, you cannot use NotaryCam to complete Form 186. Please contact ECFMG's Applicant Information Services for more information.

Photograph: As part of your NotaryCam session, NotaryCam will capture a still photograph of you. This image will be placed by the notary onto Form 186 and provided to ECFMG for your permanent file. Please keep this in mind when scheduling and preparing for your NotaryCam session. Make sure you are sitting in a well-lit area and that you are presenting yourself in a professional manner.

Contact ECFMG Applicant Information Services at (215) 386-5900 or info@ecfmg.org if you have questions about NotaryCam or, if for any reason, you cannot complete Form 186 using NotaryCam.

2. submit and notarize form 186

Detailed instructions are provided with the form

Fill and submit the form by emailing it to ECFMG

Once you submit the form, you will receive an email from NotaryCam saying they will verify your document. This process is relatively quick, and you will receive another email (**typically within 15-20 minutes**) saying that your document is verified. Then you can proceed with your online notary session, which takes place via zoom.

For more information on this, check out https://iwa2.ecfmg.org/gradoverview.asp

Once you complete this step, you are set to register for step 1

The USMLE STEP 1

Step 1 assesses whether you understand and can apply important concepts of the sciences basic to the practice of medicine, with particular emphasis on principles and mechanisms underlying health, disease, and modes of therapy. Step 1 ensures mastery of the sciences that provide a foundation for the safe and competent practice of medicine in the present and the scientific principles required for maintaining competence through lifelong learning. Step 1 is constructed according to an integrated content outline that organizes basic science material along two dimensions: system and process.

Traditionally the most important exam in the entire USMLE process required intense studying to build concepts and memorization. However, Following the Jan 2022 changes, with Step 1 turning pass/fail, building concepts remain necessary, and the need for straight memorization is far less essential. Despite the change, It is still highly recommended to study well for step 1 as it will help you build the concepts you need to ace step 2ck.

Step 1 is a one-day examination. It is divided into seven 60-minute blocks and administered in one 8-hour testing session. The number of questions per block on a given examination form may vary but will not exceed 40. The total number of items on the overall examination form will not exceed 280.

How to study for USMLE Step 1 pass-fail

It took me eight months to study for step 1 and score in the 99th percentile (260+). So, I know a thing or two about studying for this important exam. Fortunately, nowadays, it does take anywhere near that to pass, but you not only want to pass but also build an excellent foundational knowledge that will serve as a base for

step 2 CK and your future practice. Spending that much time on step 1 allowed me only to spend three months on step 2ck and still score 260+. Therefore, you should never take studying for this exam lightly.
The passing score is 196

Resources for step 1

First aid

first is an all-inclusive book made for step 1. It is filled with compact notes that are hard to understand if you don't have good foundational knowledge. Therefore, great to revise and memorize but not so much to build foundational knowledge.

Uworld

Hands down the best preparation material for step 1
Contains 3600 questions for step 1
The question format is the closest thing to the actual exam.
Online Uworld comes with two self-assessment exams.
If you're the type of person that can't get by without taking notes, don't take handwritten notes, as that could take up so much time. Instead, you can use the Uworld notebook or flashcard system built into the online U world platform, saving you a massive amount of time. If you prepare notes or flashcards, make sure you review them; otherwise, they'll be a colossal waste of your valuable time; remember, Time is king.

Pathoma

Often Very Underrated resource.
It is an excellent resource to build knowledge as the explanations given by Dr. Sattar are clear and detailed.
Pathology makes up the bulk of the step 1 exam, making it a valuable resource.

Boards and beyond

There are two types of people in the world, those who use BnB and those who don't.
Probably the best passive resource out there. Concise, yet concepts are explained well. It's a masterpiece.

Amboss

The second-best question bank if you want an alternative to Uworld.
They also provide scholarships to those who cannot afford to buy this question bank. https://www.amboss.com/us/scholarships-program

Now that step 1 is a pass-fail, there is no need to waste time on 2 question banks. So, choose one question bank that you like and stick with it.

NBMEs

These are a must-do because they resemble the real-life exam, just like the U world.

Doing NBMEs will help you identify your weak areas. For example, when I did my first NBME, I noticed I was getting all MSK and genetics questions wrong. So, I revised those from the resources mentioned above, which helped me improve my performance significantly.

Best strategy/plan

This plan is tested and proven by people who have taken the exam after it turned pass/fail

Focus on building concepts instead of memorization

4 to 6 months of prep time

Start with pathoma

Do Bnb with system-wise Uworld after each system

Do NBMEs and identify weaknesses

Revise the weak areas from Uworld and Bnb

Make sure you score 230+ on multiple NBMEs before taking the actual exam because the NBMEs have a margin of error of +/- 15 points. Failing step 1 will have a devastating effect on your CV. If there is one thing you want to avoid, it is failing your exams. It has been shown that people who failed one of their exams once have a substantially lower matching rate even if they pass it on their second attempt.

Taking notes eats up time and often does more harm than good. If you're the type of person who must take notes, don't take handwritten notes; at least use the Uworld notebook or flashcard system built into the online U world platform to save valuable time. If you prepare notes or flashcards, make sure you review them; otherwise, they'll be a massive waste of your valuable time.

Registration for step 1

1. Go to https://www.ecfmg.org/ à IWA àBegin a new application
2. Submit an online application for step 1 via IWA

The most important part of this step is selecting the eligibility period. The eligibility period is usually a 3-month period during which you plan to give the exam.

Another important step is choosing the testing region. Again, read carefully where your testing country of preference is listed (esp. for IMGs living in countries that do not have a Prometric).

1. Request documents from med school

The documents include your transcript and your medical diploma if you've graduated.
Request your medical school to provide you with the original medical school diploma, upload it via the myECFMG mobile app
Remind the ECFMG representative in your school (could be the school dean) to verify your diploma using ECFMG's Electronic Medical School Web Portal (EMSWP)

Note that this step could be very time-consuming and sometimes take over two months to complete. Therefore, you would want to start this process at least 4-5 months or even more before your desired testing date to avoid time wastage, as seats for your exam date can be taken and end up being filled up while you're still waiting to complete this step (Scheduling may not be available more than six months in advance in some Prometric centers)

2. Obtain a scheduling permit from ECFMG

Once ECFMG completes reviewing your application and medical school diploma, they will send you a scheduling permit. The permit contains a scheduling number used to select the test center and date on the Prometric website.

3. Schedule a test date via the Prometric website

Scheduling a test date is the final step in the process. Go to prometric.com and follow the instructions (reasonably easy steps). Check out the dates as soon as you receive your permit because there might be limited spots left on your preferred exam date.
The scheduling permit must be printed and held at the Prometric during the exam day.

Days before exam

If your Prometric is in a different country, travel 2 or 3 days earlier and acclimatize.
Have at least 8 hours of sleep
Don't take medications the day before
Go through the tutorial the day before to skip it during the exam. It will help you get 15 more minutes of valuable break time.

The day of
8-hour exam all MCQ with 1-hour break distributed in between blocks (7*40 question blocks and 1-hour break in between)
The exam has eight blocks- 1 block=40 questions
Make sure you have your breakfast
Pack the following: snack (nuts, dates, raisins), lunch (something light such as tuna sandwich or PB and J), coffee/tea according to preference, and Tylenol.
Arrive at the test center at least 30 minutes earlier.
Skip tutorial after making sure the headset works (My headsets didn't work, and it took them 45 minutes to fix the issue, they ended up giving me my total 9 hours, but I started 45 minutes late).
Take at least 5-minute breaks between each block. It is a marathon, not a sprint.
When you encounter difficult questions, flag them, give a quick answer and move on. Then, return to them only if you have time.
Don't check answers or go to Reddit during your break (I used my phone during a break to check answers during my step2ck and ruined my mood when I found out I got a couple of questions wrong). The last three blocks are always the hardest. So don't be discouraged if you find them difficult.

The USMLE Step 2 CK Exam

Step 2 CK assesses an examinee's ability to apply medical knowledge, skills, and understanding of clinical science essential for providing patient care under supervision and includes emphasis on health promotion and disease prevention. Step 2 CK ensures that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine under supervision.

Step 2 CK is a one-day examination. It is divided into eight 60-minute blocks and administered in one 9-hour testing session. The number of questions per block on a given test will vary but will not exceed 40. The total number of items on the overall examination will not exceed 318.

The examination also includes a minimum allotment of 45 minutes of break time and a 15-minute optional tutorial. The amount of time available for breaks may be increased by finishing a block of test items or the optional tutorial before the allotted time expires.

Step 2ck, for a long time, was considered less important than its predecessor, step 1. However, with how things are standing now, it is not only the most important licensing exam but also the most crucial step in your journey.

How you perform on this exam would probably determine your specialty and place of practice. My advice is not to rush your preparation. They always say scores aren't everything, but scores remain the most important and the only objective measure for program directors to measure your clinical knowledge. Think about it if you have an outstanding score of, let's say, 280 on step CK, do you think you'll go unmatched even if you don't have USCE and have average Lors, average personal statement, and decent interview skills? The answer is straight no. Chances are, you will have at least a couple of interviews in any specialty of your choice. That is why I had a bunch of interviews (20+) even though I had no USCE. Once you get the interviews, it is up to your character and interview skills to seal the deal. The bottom line is this is a critical step that determines pretty much the course of your life, and you should not take it lightly.

Some people would want to take step 2ck before taking step 1. Still, I wouldn't advise that because it would be beneficial to familiarize yourself with step 1 concepts and have that test-taking experience before taking step 2ck.
Booking the exam is relatively easy, especially if you have taken step 1 before therefore, I find no purpose in discussing that again here.

Resources for step2CK
Uworld
Around 4000 questions
FA for step 2ck
Master the boards
CMS forms
NBMEs
UWSAs

Recommended plan
Prep time 6-8 months (depending on the time you took for step 1. For example, I took around eight months preparing for step 1 (because step 1 was the more important of the two). Therefore, I gave step 2ck after only three months of preparation.)
Start with Bnb and U world system-wise (4months)
Start doing CMS forms every week
Do a second round of Uworld random timed mode

Do Amboss tutor mode alternating with Uworld
Take UWSAs and NBMEs during the last two months of your preparation
The typical advice of just doing Uworld isn't going to suffice for an exam of this caliber. In fact, for many people, step 2ck is way more complex than step 1. You want to do as many questions as possible before taking this exam.

Days before exam
If your Prometric is in a different country, travel 2 or 3 days earlier and acclimatize.
It goes without saying to have at least 8 hours of sleep
Don't take medications the day before
Go through the tutorial the day before to skip it during the exam. It will help you get 15 more minutes of valuable break time.
The day of
9-hour exam -8 blocks of 38-40 questions. Each block lasts an hour + 1 hour of break
Passing score is 214
Make sure you have your breakfast
Pack the following: snack (nuts, dates, raisins), lunch (something light such as tuna sandwich or PB and J), coffee/tea according to preference, and Tylenol.
Arrive at the test center at least 30 minutes earlier.
Skip the tutorial after making sure the headset works
Take at least 5-minute breaks between each block. It is a marathon, not a sprint.
When you encounter difficult questions, flag them, give a quick answer and move on. Then, return to them only if you have time.
Don't check answers or go to Reddit during your break (I used my phone during a break to check answers during my step2ck and ruined my mood when I found out I got a couple of questions wrong)
The last three blocks are always the hardest. So don't be discouraged if you find them difficult.

OET

Suppose you have completed step1 and step 2ck; congrats! You have gone so far in your journey and should be proud of your accomplishment. Now that you have completed your USMLE exams required to become ECFMG certified and participate in the match, you can relax, right? No! there's still one more obstacle before you start your application for ECFMG certification. That is called the OET (Occupational English Test).

When I finished my step 2 CK and wanted to proceed to prepare for OET, I couldn't find materials to guide me on what I needed to do to prepare for it. If you go on Reddit, there are contradicting opinions on the amount of time you should allocate to prepare for this exam.

The Occupational English Test is an English language test for healthcare professionals recognized by various regulatory healthcare bodies. It assesses the language communication skills of healthcare professionals who wish to register and practice in an English-speaking environment.

The exam has four parts: listening, reading, writing, and speaking. All of them are tests of your English and not scientific knowledge, so don't worry about the topics.

Listening - Approx. 50 minutes
Reading- 1 hour
Writing – 45 minutes
Speaking – Approx. 20 minutes
Listening, reading, and speaking have a passing mark of 350 or more, whereas the passing mark for writing is 300 or more.

Listening

The Listening sub-test consists of three parts and a total of 42 question items. The topics are of generic healthcare interest and accessible to candidates across all professions. The total length of the Listening audio is about 40 minutes, including recorded speech and pauses to allow you time to write your answers. You will hear each recording once and are expected to write your answers while listening.

Some Prometrics provide their headsets for this part of the exam. Check before the exam date or bring your own as a backup.
You will only hear each recording once and write your answer only while listening.

The Listening sub-test structure

Part A – consultation extracts (about 5 minutes each)

Part A assesses your ability to identify specific information during a consultation. You will listen to two recorded health professional-patient consultations, and you will complete the health professional's notes using the information you hear. **Note: the health professionals may be any one of the 12 professions who can take OET.**

Part B – short workplace extracts (about 1 minute each)

Part B assesses your ability to identify the detail, gist, opinion, or purpose of short extracts from the healthcare workplace. You will listen to six recorded extracts (e.g., team briefings, handovers, or health professional-patient dialogues), and you will answer one multiple-choice question for each extract.

Part C – presentation extracts (about 5 minutes each)

Part C assesses your ability to follow a recorded presentation or interview on a range of accessible healthcare topics. You will listen to two different extracts and answer six multiple-choice questions for each section.

How is listening ability assessed in OET?

The Listening sub-test is designed to assess a range of listening skills, such as identifying specific information, detail, gist, opinion, or the speaker's purpose. These skills are evaluated through note-completion tasks and multiple-choice questions.

Assessors who mark the Listening sub-test are qualified and highly trained. Candidate responses are assessed against an established marking guide. During the marking session, problematic or unforeseen answers are referred to a sub-group of senior assessors for guidance, and all papers are double-marked to ensure fairness and consistency.

How is the listening test scored?

Your answers for Part A are double-marked by trained OET assessors.

These answers are randomly assigned to assessors to avoid any conflict of interest.

Your Part B and Part C answers are computer scanned and automatically scored.

Listening assessors use a detailed marking guide for Part A to determine which answers receive marks. Assessors use this guide to decide whether you have provided enough correct information to be given the mark. Assessors are monitored for accuracy and consistency.

Reading

The Reading sub-test consists of three parts and a total of 42 question items. All three parts take a total of 60 minutes to complete. Therefore, the topics are of generic healthcare interest and are accessible to candidates across all professions.

The Reading sub-test structure
Part A- expeditious task (15 minutes)
Part A assesses your ability to locate specific information from four short texts quickly and efficiently. The four short texts relate to a single healthcare topic, and you must answer 20 questions in the allocated time. The 20 questions consist of matching, sentence completion, and short answer questions.

Part B and C- Careful reading tasks (45 minutes)
Part B assesses your ability to identify the detail, gist, or main point of six short texts sourced from the health care workplace (100-250 words each). The texts might include extracts from policy documents, hospital guidelines, manuals, or internal communications, such as emails or memos. For each text, there is one three-option multiple-choice question.
Part C assesses your ability to identify detailed meaning and opinion in two texts on topics of interest to healthcare professionals (800 words each). For each text, you must answer eight four-option multiple-choice questions.

How is reading ability assessed in OET?
Reading Part A (the expeditious reading task) tests your ability to skim and scan different texts on a given topic to locate specific information. For that purpose, Part A is strictly timed, and you must complete all 20 question items within the allocated 15 minutes. To complete the task successfully, you will also need to understand the conventions of different medical text types and understand the presentation of numerical and textual information.
Reading Part B tests your ability to understand the detail, gist, or main point of complex texts commonly found in the healthcare workplace. To complete the task successfully, you must identify specific ideas at the sentence level.
Reading Part C tests your understanding of the explicit or implied meaning and the attitude or opinion presented in a longer text. To complete the task successfully, you must identify the relationship between ideas at the sentence and paragraph level. Part C also tests your ability to understand lexical references and complex phrases within the text accurately.

Assessors who mark the Reading sub-test are qualified and highly trained. Candidate responses are assessed against an established marking guide. During the marking session, problematic or unforeseen answers are referred to a sub-group of senior assessors for guidance.

Writing

The Writing sub-test takes 45 minutes and is profession-specific. There is one task set for each profession based on a typical workplace situation and the demands of the job – a nurse does the task for nursing, a dentist does the task for dentistry, and so on.

The Writing sub-test structure

– The task is to write a letter, usually a referral letter. Some alternative letter types are a letter of transfer and a letter of discharge. Along with the task instructions, you will receive stimulus material (case notes and/or other related documentation), including information to use in your response.

How is writing ability assessed in OET?

Your performance on the Writing sub-test is marked independently by a minimum of two trained Assessors. Neither Assessor knows what scores the other has given you, or what scores you have achieved in any of the other sub-tests.

Your performance is scored against six criteria and receives a band score for each criterion:

– Purpose (Whether the purpose of the letter is immediately apparent to the reader and sufficiently expanded in the course of the letter)

– Content (Whether all the necessary information is included and accurate for the reader)

– Conciseness & Clarity (Whether unnecessary information is omitted so that the letter is an effective summary for the reader)

– Genre & Style (Whether the register, tone, and use of abbreviations are appropriate for the reader)

– Organisation & Layout (Whether the letter is organized and well laid out for the reader)

– Language (Whether the accuracy of the grammar, vocabulary, spelling, and punctuation communicates the necessary information to the reader)

Lunch break

Speaking-

The Speaking sub-test is delivered individually and takes around 20 minutes. This part of OET uses materials specifically designed for your profession. In each role-play, you take your professional role (for example, as a physician, nurse, or pharmacist). At the same time, the interlocutor plays a patient, a client, or a patient's relative or carer.

The Speaking sub-test structure

In each Speaking test, the interlocutor checks your identity and profession, and there is a short warm-up conversation about your professional background. Then the role-plays are introduced one by one, and you have three minutes to prepare for each. The role-plays take about five minutes each.

Role-plays

You receive information for each role-play on a card that you keep while doing the role-play. The card explains the situation and what you are required to do. You may write notes on the card if you want. If you have any questions about the content of the role-play or how a role-play works, you can ask them during the preparation time.

The role-plays are based on typical workplace situations and reflect the demands made on a health professional in those situations. The interlocutor follows a script so that each candidate's Speaking test structure is similar. The interlocutor also has detailed information to use in each role-play. Different role-plays are used for various candidates at the same test administration.

How is speaking assessed in OET?

The whole Speaking sub-test is recorded, and this audio recording is assessed.

– The Speaking sub-test is marked independently by a minimum of two trained OET Assessors.

– Neither Assessor knows what scores the other has given you or what scores you have achieved on any of the other sub-tests.

– Your test day interlocutor plays no role in assessing your performance.

– OET Assessors' judgments are targeted and specific, not a general evaluation of candidates' ability in spoken English.

– OET Assessors are trained to focus on how a candidate responds to a particular task on the day. They apply specific assessment criteria that reflect communication demands in the health professional workplace. Remember that OET is a test of English-language skills, not a test of professional knowledge

Candidates familiar with the assessment criteria and paying attention to the specific role-play task details have a better chance of demonstrating their ability in the key areas. Conversely, candidates who use memorized material or merely rely on techniques that worked in other circumstances tend not to perform to their full potential in the test.
Your performance on each of the two speaking role-plays is scored against nine criteria and receives a band score for each criterion. The nine criteria are separated into two different segments: Linguistic and Clinical Communicative.

Linguistic Criteria:
– Intelligibility: The impact of your pronunciation, intonation, and accent on how clearly your listener can hear and understand what you're saying
– Fluency: The impact of the speed and smoothness of your speech on your listener's understanding
– Appropriateness of Language: The impact of your language, tone, and professionalism on your listener's understanding and comfort
– Resources of Grammar and Expression: The impact of your level of grammatical accuracy and vocabulary choices on your listener's understanding.
Clinical Communication Criteria:
– Relationship-building: The impact of your choice of opening to the conversation and demonstration of empathy and respect on your listener's comfort
– Understanding and incorporating the patient's perspective: The impact of how fully you involve the patient in the conversation on your listener's understanding and comfort
– Providing structure: The impact of how you organize the information you provide and introduce new topics for discussion on your listener's understanding
– Information-gathering: The impact of the type of questions you ask and how you listen to the responses on your listener's understanding
– Information-giving: The impact of how you provide information and check this information is being understood on your listener's comfort and understanding.
You will receive a Statement of Results which shows your score for each of the four sub-tests on a scale from 0 to 500. Each of the four sub-tests is assessed in a specific way.

Grading system

You need a minimum score of 350 in the listening, reading, and speaking subsets of the exam and a minimum score of 300 on the writing subset to pass OET.

OET Results table with IELTS equivalence

OET numeric score	OET letter grade	OET band descriptors	IELTS equivalent band score
500 490 480 470 460 450	A	Can communicate very fluently and effectively with patients and health professionals using appropriate register, tone and lexis. Shows complete understanding of any kind of written or spoken language.	8.0 - 9.0
440 430 420 410 400	B	Can communicate effectively with patients and health professionals using appropriate register, tone and lexis, with only occasional inaccuracies and hesitations. Shows good understanding in a range of clinical contexts.	7.5
390 380 370 360 350			7.0
340 330 320 310 300	C+	Can maintain the interaction in a relevant healthcare environment despite occasional errors and lapses, and follow standard spoken language normally encountered in his/her field of specialisation.	6.5
290 280 270 260 250	C		6.0
240 230 220 210 200			5.5
190 180 170 160 150 140 130 120 110 100	D	Can maintain some interaction and understand straightforward factual information in his/her field of specialisation, but may ask for clarification. Frequent errors, inaccuracies and mis-or overuse of technical language can cause strain in communication.	Less than 5.5
90 80 70 60 50 40 30 20 10 0	E	Can manage simple interaction on familiar topics and understand the main point in short, simple messages, provided he/she can ask for clarification. High density of errors and mis- or overuse of technical language can cause significant strain and breakdowns in communication.	

Resources

It took me two weeks to prepare for the exam as a nonnative speaker. My preparation was mainly focused on the writing part, as I knew that that was the part most physicians struggled with.

2-3 weeks of prep time
E2 English Youtube
OET official website sample
tests. https://www.occupationalenglishtest.org/preparation-portal/free-sample-tests/
You should spend more time preparing for writing and speaking subtests than reading and listening.
Writing
50 writing tasks + sample letters
Benchmark marked letters with feedback
Speaking
Cambridge sample role play cards

ECFMG Certification

https://www.ecfmg.org/certification-requirements-2022-match/
Now that you've completed steps 1, 2CK, and OET, you are eligible for ECFMG certification. There are currently six pathways to be ECFMG certified, and completing all three exams (step 1, step 2 CK, and language proficiency exam/ OET) is required to be eligible for any of the pathways.
It is necessary to be certified by December 15 of that season if you want to qualify for the match. But, depending on the season, it is highly recommended to be certified before the ERAS application opens in late September or early October. It will help you have a complete application when the programs start reviewing them.

ECFMG certification is not required when Eras is opened or when you submit your application (as long as it is before December 15). For example, I wasn't fully certified when the ERAS opened on September 29 but applied anyway. When I got certified a week later, on October 5, I emailed all the programs I applied to and updated them with this new information (the exact template on what to write is demonstrated below).

Eligibility to apply for the pathways

General Eligibility for All Pathways

Applicants who are eligible to pursue ECFMG Certification based on one of the Pathways include those who:

- Have not already met the clinical and communication skills requirements for ECFMG Certification. (If you have a passing performance on Step 2 CS that is valid for ECFMG Certification or your Pathways application for the 2021 Match was approved, you have already met the clinical and communication skills requirements for ECFMG Certification and are not currently eligible to pursue a Pathway.)
- Are not barred by ECFMG from pursuing certification.
- Have completed an Application for ECFMG Certification.
- Have previously been registered for a USMLE Step or Step Component. If you have never been registered to take a USMLE Step or Step Component, you must apply for and be registered for a USMLE exam before submitting a Pathways application.

The Pathways

In addition to meeting the requirements in General Eligibility for All Pathways, Pathway applicants also must meet all requirements for the Pathway to which they apply.

If you are eligible for more than one Pathway, you should apply to the first Pathway you are eligible to (for example, if you qualify for pathways 1 and 2, then apply through pathway 1). Exception: If you have failed the step 2cs exam one or more times, you should apply to Pathway six even if you are eligible to apply through other pathways.

- **Pathway 1: Already Licensed to Practice Medicine in Another Country**

Pathway 1 is for applicants who currently hold or have recently held a license/registration to practice medicine without supervision. Applicants who meet the eligibility requirements for Pathway 1 must apply to Pathway 1 to meet the clinical and communication skills requirements for ECFMG Certification unless they failed Step 2 CS;
It is the most common Pathway used by most.
If you are a licensed physician in your home country, all you have to do is go to the designated authority in your country and ask them to send a scanned copy of your license and letter of good standing.
You can upload your license and letter of good standing yourself, but this will take more time and is not recommended.

- **Pathway 2: Already Passed a Standardized Clinical Skills Exam for Medical Licensure**

This Pathway is for applicants who do not currently hold or have not recently held a license/registration to practice medicine without supervision (Pathway 1) but who successfully completed a secure, standardized clinical skills exam as a requirement for medical licensure or registration in a country other than the United States.

Eligibility Requirements

- An applicant has recently passed a secure Objective Structured Clinical Examination (OSCE) for medical licensure/registration in a country other than the United States that ECFMG has determined is acceptable. Exams that currently meet this requirement are:
    - Australian Medical Council: Clinical Examination Part 2
    - Australian Medical Council: Workplace-Based Assessment
    - Chile: Examen Único Nacional de Conocimientos de Medicina de Chile – SP (EUNACOM-SP)
    - General Medical Council: Professional and Linguistic Assessment Board (PLAB) Part 2
    - Malaysian Medical Council: Examination for Provisional Registration (EPR)
    - Medical Council of Canada: National Assessment Collaboration Examination
    - Medical Council of Canada: Qualifying Examination Part II
    - Medical Council of Ireland: Pre-Registration Examination System (PRES), Level 3
    - Medical Council of New Zealand: New Zealand Registration Examination (NZREX) Clinical
    - Switzerland: Swiss Federal Licensing Examination Clinical Skills (FLE CS)
    - UK Foundation Programme Clinical Assessment, Stage 1
- The examination date must be on or after January 1, 2018.

OR

- The applicant attends or has graduated from a medical school that administers an OSCE required explicitly by the medical regulatory authority (MRA) in that country, and the applicant has successfully completed that exam. The following also apply:

- The medical school is located in a region/country that is not served by an accrediting agency recognized by the World Federation for Medical Education (WFME) or the National Committee on Foreign Medical Education and Accreditation (NCFMEA);
- The medical school is accredited by the MRA or MRA-designated accrediting agency in that region/country;
- The MRA's requirement was established before 2020; and
- The applicant's graduation date is on or after January 1, 2018.

- **Pathway 3: Medical School Accredited by Agency Recognized by World Federation for Medical Education (WFME)**
- **Pathway 4: Medical School Accredited by Agency that Has Received a Determination of Comparability by National Committee on Foreign Medical Education and Accreditation (NCFMEA)**
- **Pathway 5: Medical School Issues Degree Jointly with a US Medical School Accredited by Liaison Committee on Medical Education (LCME)**

Pathways 3, 4, and 5 are for applicants who have not yet obtained a license/registration to practice medicine without supervision (Pathway 1) and who have not already passed an acceptable standardized clinical skills exam for medical licensure (Pathway 2). An applicant to Pathway 3, 4, or 5 must be a student or a recent graduate of a medical school that meets eligibility requirements established by ECFMG.
Two medical schools are currently eligible for this Pathway: Weil-Cornell medicine (Qatar) and Duke University National University of Singapore Medical School.

- **Pathway 6: Evaluation of Clinical Patient Encounters by Licensed Physicians**

Pathway 6 is for applicants who do not meet the eligibility requirements for Pathway 1, 2, 3, 4, or 5 and/or have failed Step 2 CS one or more times. To meet the needs for Pathway 6, the applicant's clinical skills must be evaluated by licensed physicians using ECFMG's Mini-Clinical Evaluation Exercise (Mini-CEX) for Pathway 6.

Applying to the Pathways

Application fee- 900 USD
To meet the clinical and communication skills requirements for ECFMG Certification through one of the Pathways:

- **Determine your eligibility to apply to a Pathway** by carefully reviewing all information on this website.
- **If you believe you are eligible to apply to a Pathway, complete and submit your Application for Pathways for ECFMG Certification (**https://pathways.ecfmg.org/ **).** You will receive an email confirming that your

application has been submitted. **Your application must be submitted by December, according to the season you'll be applying.**

- **Meet the communication skills requirement** by attaining a satisfactory score on each of the four sub-tests (Listening, Reading, Writing, and Speaking) of the OET Medicine test. **You must take OET Medicine on or before the last available test date in December 2021.**
- **Release your OET Medicine scores to ECFMG. ECFMG must receive your scores directly from OET by January 31, 2022.**
- **Ensure that ECFMG receives all required documentation in support of your Pathway application.** See the detailed instructions for the Pathway to which you are applying for complete information on required documentation and deadlines. It is your responsibility to ensure that ECFMG receives all required documentation.
- **Monitor the status of your application** by logging into https://pathways.ecfmg.org/. You will be notified by email when the processing of your application is complete.

Many different answers are circulating on the internet about the time it takes for the certification process after receiving your last test result. It took me around 20 days to be certified through pathway 1. I received my OET result on September 16, immediately released my result to ECFMG (an important step you must not miss), and became fully certified on October 5.

USCE (US clinical experience)

US Clinical Experience (USCE) is defined as **hands-on experience working with patients in a US medical environment.** It is a US hospital-based working experience in a clinical specialty like Surgery/Medicine. When you claim that you have USCE, you are expected to be well oriented and skilled in the routine functioning of a US hospital. It includes general skills like interacting with patients (history/physical), inputting their records into the electronic system, coordinating with nurses and staff, and a general sense of hospital work.

For practical purposes, you can obtain two types of USCE.
1- Hands-on Clinical Experience
2- Non-hands on Clinical Experience

What is usually considered hands-on USCE is:

1. Sub-internships (Sub-I)
2. Clinical Electives
3. Externships

A non-hands on USCE is:

1. Observerships/Shadowing
2. Telerotation
3. Volunteer Experiences
4. Research Experiences
5. Experiences in similar medical environments (such as England)

As you can see, if you want to have USCE in your resume considered valid by all program directors, you should go for hands-on USCE/ the 1st group mentioned above. Only some program directors believe the second group as valid USCE, but they are considered better than nothing by most. As far as the duration is concerned, three months of hands-on USCE would please most program directors but go for longer if you have the financial capacity.
Is it possible to match without any USCE? The answer is yes, but only if the rest of your application is excellent; if you have excellent scores, a great CV, superb personal statement, and outstanding home country letters of recommendation. However, with step 1 becoming pass/fail, any form of USCE and letters of recommendation written by US physicians is highly valuable. So, I would advise you to have at least some USCE to give you a competitive advantage to increase the potential interviews you'll get and bolster your chances of matching.
The purpose of USCE is to familiarize yourself with the US system and get a feel of what it is like to work in the US system. Therefore, try to learn a lot by asking a

lot. Make sure you get very specific letters of recommendation and not generic ones by standing out from the crowd through hard work and dedication. Make sure to remember everything you did because you will be asked about your experience during your interviews. One question commonly asked about this is, “How is the healthcare system different from your home country’s?”

Things to consider while doing USCE

1. Cost
The payment for the particular USCE
B1 visa fee
Travel and transportation
Rent
2. Where you want to do your residency- ideally, you want to have your USCE at a program you want to match in and do your residency potentially.
3. Program prestige- if you can’t find a USCE spot in your future residency program, try to have it at well-renowned places like Cleveland Clinic or Mayo.
4. Specialty - ideally, your USCE should be in the specialty of your interest

Where to find Clinical rotations in the US

https://www.ama-assn.org/education/international-medical-education/observership-program-listings-international-medical
https://www.doctorsebas.com/post/3cf89da0
https://fmgportal.com/telemedicine-rotations/
https://www.amopportunities.org
https://www.ace.md/
http://MedClerkships.com

I will try to mention in detail the different types of USCE:

Hands-on Clinical Experience:
This is the 'Real' or 'full bloom' type of clinical experience. It has all the traits of USCE described in the definition above. The key to' hands-on' is 'Patient contact .'Whether you are a student or a graduate, you can obtain it in the shape of either a *Clinical Elective/Sub-internship* or an Externship respectively.

1. Electives

You have to be a medical student to apply

A clinical elective is an optional away rotation that a final year medical student can do outside the hospital of their parent institute to gain Clinical Experience. It can be in your home country, and it can be in any other country in the world, but if your ultimate aim is to apply for a residency in the USA, then your elective in a US-based hospital will be most valuable in your Resume.

For example, suppose you are a final year medical student at Harvard, and you are doing your rotation in General Surgery at Massachusetts General Hospital (which is a hospital affiliated with Harvard University). In that case, this is *not* a clinical elective, BUT if you try to do an away rotation in a specialty of your choice, say Vascular Surgery at the Cleveland Clinic (a hospital not affiliated with Harvard). That clinical experience will be a clinical elective. Remember this example I will use it again below.

Electives are most frequently four weeks in duration- they can be shorter or longer. Note that the r*esearch elective* (see below) is a different form of elective in which there is no patient contact and is not considered USCE. Some institutes like Johns Hopkins do not accept International students for clinical electives (unless your institute has a direct affiliation with Johns Hopkins) but do accept them for Research electives.

Any elective experience is only a window of opportunity for a student to build contacts with famous US doctors and obtain Letters of recommendation (LOR) to support your residency application. In addition, it is your chance to prove your potential, caliber, and passion to your attending. There are only a BASIC set of skills that are expected from a medical student: and you are evaluated based on your ability to adapt quickly, Iq, common sense, interpersonal skills, overall general knowledge, confidence, ability to define your role in a fast-paced environment, multitasking, and your functionality to adjust as part of a team in terms of how much others can rely on you to get their job done. The easier you will make work for them, the more they will like you. No one evaluates you on how much knowledge you have, but how much you can retain/reproduce what they teach you and how much you refine it from your self-study.

In summary, electives provide Hands-on USCE where you have the chance to examine patients and write history using their EMR…

2. Sub internships

You have to be a medical student in order to apply.

It is the most superior form of USCE that an applicant can have (in my opinion). The learning opportunity is immense at the level of a medical student. It's the same as an elective except that the level of responsibility is more, and one added

distinctive feature is on-call participation with your team. This means that you spend the whole/most of the night with your team in addition to your daytime rotation. Sub-Internships give you the maximum possible opportunity to spend more and more time with your team/attending, and you have all the time in the world to learn. In addition, they have greater flexibility of time to teach you stuff compared to busy daytime. Plus, traditionally, the US doctors like it a lot if you spend extra time; they take it as proof of your commitment.
Sub-internships are very useful if you desire a future residency in a Surgical specialty. You should always prefer electives that have in their description 'student functions as an intern' or are titled sub-internship per se. Some good examples of Sub-I offering places are Mayo Clinic, Yale University, Case Western Reserve University, University of California San Diego, and the University of North Carolina. As you dig down deep into the list, you will still find more of them.
All elective-Sub-I are undertaken for academic credit (which means it will contribute to your degree, and you will be evaluated at the end of your rotation), which is another crucial fact that makes them more valuable.

Requirements for getting electives and sub-internships

Must be a medical student
You have taken step 1 (most schools ask for step 1 scores, the ones that don't are pretty expensive). You may even be required to apply six months or even one year in advance with your step 1 result. Therefore, make sure you make the appropriate consideration.
One English proficiency test (Toefl or IELTS)
Immunization requirements
medical tests
Since these are hands-on, you need to get malpractice insurance. The hospital can provide this paid or free of charge.

Price

Ranges from 200USD to 6000USD for four weeks
Best for value Mayo clinic 350USD and Cleveland clinic 400USD

How to find electives and sub-internships

You must apply through a known path, and you can't use your networks/ personal connections to get these as they are hands-on.
Looking into the website of the program you're interested in and make sure they accept IMGs if you are one
https://college.mayo.edu/academics/visiting-medical-student-clerkships/
https://my.clevelandclinic.org/
https://meded.hms.harvard.edu/exchange-clerkship-program

3. Externship

Hands-on USCE but less than electives and sub-internships
You can do it after graduating.
Rare and hard to find, but you can utilize your networks to find these
As a general rule, any **postgraduate** training that involves patient contact will require you to be ECFMG Certified.
This form of USCE is inferior to elective/Sub-I because there is no guarantee that the training is supervised- in other words, you are on your own.
Most institutes/hospitals do not offer externships. Very few offer still but conditionally depending on your contacts. Another difference is that sometimes they are paid. Some hospitals use externships as 'cheap' labor to manage their overwhelming workload. They are not done for academic credit, making them less valuable than the former types of USCE described above.
https://fmgportal.com/telemedicine-rotations/

Non-hands on USCE and other terms

The most popular example is an "Observership."The difference from hands-on is that this type of clinical experience is limited due to "no or minimal patient contact ."Some may also consider clinical research an example of non-hands on USCE.

1. Observerships

It's the least respected, better than nothing type of USCE that a graduate can undertake to fill in for the blanks of USCE in their resume. Unfortunately, that's what most program directors think. However, in my opinion, Observerships can be considerably resourceful depending upon your ability to use them and who you work with (especially if you were able to secure one via contacts). All that matters is what someone is willing to write about you in the letter of recommendation, and that intern depends on how much your efforts made them like you.
The biggest drawback that an Observership has is 'minimal or no patient contact.' The good thing is that they are relatively easier to find, have greater chances of acceptability, and have less vigorous application requirements. Regardless, there are still many things that you can do while being an 'observer .'For example, You can project an intelligent image, help as a team member, make things easier for your attending, discuss cases in full detail, volunteer for more work, and do Powerpoint or case presentations. You can still do everything that a student can do except for a physical exam; if your attending likes you so much, he lets you do it. So you see practically "it’s not just better than nothing type of a thing" But rather still a door of opportunity that can be very beneficial. If you participate in your observership with a preset mind, ' you are just an Observer and can barely do

anything under that status. Then it's applicable for you how 'rumorously' people define Observerships. You have to find work for yourself, thinking of ways to help your attending, and trust me, if you can do that, it can reward you better than an elective. Be resourceful in whatever opportunity you have. Earn their trust, and they will let you do what you want.

To summarize:

Not hands-on USCE, you only observe medical care, attend rounds and didactics, and do no participation in patient care.

Best found through networks/connections as there is no application process for shadowing on the official website.

Price

0USD-3000USD (0 USD if you are finding the position through networks)

2. Research electives

It is a research experience at a reputed University that medical students can undertake for academic credit. They have no comparison to a Clinical Elective because it's not USCE.

Research elective experience adds a unique flavor to your residency application. 1) It helps to prove that you're an individual with a multitude and diversity of experiences and that you 'bring more to the table .'2) It proves your dedication to your specialty, especially if you had the opportunity to work in a clinical research setting. 3) It proves that you also have a research experience in addition to just USCE. 4) You have a big institute name on your resume. 5) if you were fortunate, a publication. 6) It can be a doorway to help you get an observership in the future via the contacts you develop with people whom you help in their research. Remember that research alone cannot compensate for the USCE deficit unless done for an extended period and is rewardingly fruitful with publications. However, You can build strong contacts during the process.

Johns Hopkins University is very famous for offering elective research positions https://www.hopkinsmedicine.org/som/offices/registrars/visiting-md/index.html

Where to find research positions

Go to the institution's website and check

Through connections/networks

Directly mail physicians that do the type of research you're interested in

To summarize:

As the name implies, you'll be doing research rather than obtaining clinical experience, making them less desirable.

Try to do research in the specialty you are applying to

Usually requires a long term commitment, at least one year

Could be paid position or unpaid (primarily unpaid, and they start paying you after working for some time, in a couple of months)

3. Tele rotations

Tele rotations are gaining popularity during the pandemic but come at the bottom of the chain. If you cannot do any of the above, at least do tele rotations so you can get letters of recommendation written by US physicians

How to find tele rotations

the best way to find them is through connections (you would save a lot of money)

Price

0-3000USD (0USD if you find the position through networks)

learn more about USCE

https://youtu.be/z2P858CsEIs
https://youtu.be/h4YP0bjBlJ0
http://electives.us/typesofusce.html
https://youtu.be/iANYViXhnZk

Letters of Recommendation

A ***letter of recommendation*** is written by someone who can recommend an individual's work or academic performance. It can make a massive impact on your application. An outstanding letter of recommendation could help you get interviews and hopefully match your desired program.
You need at least three and a maximum of 4 letters of recommendation for your eras application per specialty you're applying to.

Make sure you waive your right to see the letters of recommendation when you send your ERAS application later in the process (which I will discuss in the later chapter). This is crucial because it tells the program directors that you completely trust what the writer says about you without reading it. Otherwise, if you didn't waive your right to see the letters of recommendation, it might indicate that you have read and chosen the best letters of recommendation to submit.

Who should write LORs?
Letters of recommendation should come from your US rotations if you had any. In addition, it would be tremendous if you had your USCE and LORs from the institution you'd like to have your residency. This would highly increase your chances of matching.

Ideally, these should be written by a physician you interacted with over a long period. If you have interacted with the writer for an extended period, it will give the LORs more credibility and weight. Letter of recommendations should be personalized and not generic. It should mention specific incidents that show valuable qualities instead of generic terms like "s/he is hardworking." It's 'show me don't tell me,' and therefore, you want them to be written by someone that knows you well.

Recent letters of recommendation are encouraged. However, avoid letters of recommendation that are dated over a year.
Make sure you had positive interactions with the physician writing your letter. Bad letters of recommendation will destroy your chances of matching.

If you are getting US letters of recommendation, what you want to be highlighted is how you were able to adapt to the US system quickly, your communication skills and cultural sensitivity, and how you fared compared to those in US med schools. This is a specific way that targets questions program directors could have your adaptability skills if you match at their program.
Generally,

US lors>home country lors>no lors

Lors written by department chairs >attendings >residents

Lors from clinical experience> research experience

How to ask for letters of recommendation

Go and ask the writer in person; if you can't, write them a thoughtful email

Ask the writer if they need context. If they say yes, remind them of cases you worked together on and send them your CV and personal statement.

In my opinion, it is okay to ask the writer if you could write a draft and send it to them. Because usually, most attendings don't have enough time to write a full letter of recommendation from scratch. If they agree to this, you can find great templates to give you an idea below.

LOR templates

https://youtu.be/2RxkpTnqfig

https://youtu.be/OkZonAyN5YA

How do I know if letters of recommendation matter? Because I had been told I had excellent letters of recommendation during interviews numerous times. And one program actually knew the doctor who wrote me one of my LORs, which definitely helped me gain a few extra points.

Volunteering

Volunteering is part of the extracurriculars of your ERAS application.

Volunteering isn't as important as your scores or letters of recommendation, but besides bringing personal satisfaction, volunteering can help you boost your CV. Program directors don't want you to be someone who just does school work. Therefore, I highly recommend you to have at least one volunteering experience, which could help you round up your cv and add another element to your application.

Make sure you remember the specifics of the volunteering activities you've done. This helps you mention them on your cv and helps you talk about them in detail if asked about the experiences during the interviews.

Whenever you have multiple volunteering experiences, it would be preferred they are diversified. For example, instead of mentioning three volunteer clinical activities you did, it is better to have one clinical volunteering activity, one as a mentor/teaching, and the third as a committee member of an association, etc. This shows program directors that you have diverse skill sets, which will be critical during residency.

ERAS application

The Electronic Residency Application Service® (ERAS®) is **the centralized online application service you'll use to deliver your application and supporting documents to residency programs**.
The ERAS application provides content, so residency program leaders can learn about you and help prompt interview discussion. Furthermore, the application helps guide the program director's rank list.
The ERAS platform allows you to:
· Choose the programs you're applying to
· Send the documents directly to the programs you chose to apply to
· It also allows the programs to access your USMLE scores and ECFMG certification status.

How to Create an ERAS Account?
Registering for ERAS requires a "token" that will be provided to your medical school's Dean's office.
IMG students: Visit ecfmg.org ->online services->OASIS→ERAS support services->ERAS token request
https://oasis2.ecfmg.org/eras/startrequest.aspx
Graduates from Canadian medical schools should visit CaRMS.ca for information on registering for ERAS.

The Components of ERAS
· Personal and biographic information
· Curriculum Vitae (education, experience, licensure, publications, hobbies)
· Personal Statement
· Letter(s) of Recommendation
· USMLE transcript and/or COMLEX-USA transcript
· Medical Student Performance Evaluation (MSPE or "Dean's Letter")
· Medical school transcript
· Photo (optional)

The timeline for the application varies from one season to another. Therefore, I would recommend you to check out the timeline for your season at https://students-residents.aamc.org/eras-tools-and-worksheets-residency-applicants/eras-2022-residency-timeline

The following table shows the sample ERAS timeline for the 2022 season.

ERAS 2022 Residency Timeline

Date	Activity
May 31, 2021	ERAS 2021 season ends at 5 p.m. ET.
June 9, 2021	ERAS 2022 season begins at 9 a.m. ET.
September 1, 2021	Applicants may begin submitting applications to programs at 9 a.m. ET.
September 29, 2021	Residency programs may begin reviewing applications and MSPEs at 9 a.m. ET.
May 31, 2022	ERAS 2022 season ends at 5 p.m. ET.

ERAS season usually starts in June for AMGs and July for IMGs. By this time, applicants can create an account (https://myeras.aamc.org/myeras-web/#/landing) and access your portal.

Once you have worked on your CV, personal statement, MSPE, and letters of recommendation and selected the programs you're applying to, you may submit your application starting early September (September 1 for match 22 season). Although you can submit your application from September to January (different deadlines depending on the programs), it is generally recommended to be ECFMG certified and send your eras application before residency programs begin reviewing applications. For example, for match 2022, that date was September 29, 2021. This helps your application be reviewed earlier, which is crucial because you do not want to be late to apply. after all, some programs start giving out invites beginning from the 1st week. Therefore, it is vital to plan and complete all your exams and receive your certificate before this date.

The date you submit your application doesn't have any relevance as long as you submit your application before the date residency programs can access your information. For example, for Match 2022, there is no advantage on any specific date between September 1 and September 29 as long as you submit your application before September 29.

Suppose you've completed your exams but are still not ECFMG certified when residency programs begin reviewing applications. In that case, it is better to go ahead and submit without being ECFMG certified. Ensure you email the programs (the program director and program coordinator) when you get your certificate.

Curriculum Vitae (CV)

Every program director will open and read the CVs of potential candidates before extending interviews. The ERAS CV contains contents that include:

- **Education** (along with awards, membership in professional societies, languages spoken, and interruptions in medical training),
- **Experience** (research, work, and volunteer),
- **Licensure** (board scores, life support certifications, prior licensure information), and
- **Publications**
- **Hobbies/interests**

While board scores and medical transcripts provide objective data for residency program leadership, this section allows you to describe accomplishments outside the classroom/wards and highlight personal attributes not captured elsewhere in the application. This section is often thought of as the "X-factor" of your application and helps reviewers gauge if you resonate with the program's values. There is a real opportunity to stand out from other applicants; only listing your experience does you a disservice. The application is much stronger if you include brief details of each activity to highlight your role and specific characteristics you developed through each experience. Demonstrate what you learned from each experience or how it made you a better person.

Also, take advantage of the 'personal interests' section. It is one of the few chances you will have to talk about yourself outside of medicine, and it's frequently an excellent springboard for conversations during program interviews. A common pitfall in this section of the application is exaggerating the amount of time committed to each activity. Be truthful always.
Contents you included on your CV often get brought up during the interviews, and therefore it is essential to know the details of the activities mentioned on your CV.

Hobbies are usually used as icebreakers during the interviews; therefore, list hobbies you are interested in and are willing to talk about.

Try to list as diverse experiences as possible in the experience section. For example, although clinical experience is the most important, some university programs would appreciate candidates with at least some research experience. Volunteer experiences should also be listed in detail, including the exact activities you were involved in. But try to include the top 5 volunteer experiences and explain them in great detail instead of listing out 20 irrelevant volunteer experiences that will dilute your CV's content. Remember, program directors don't have much time to review all applications, and hence everything you include in your CV should be relevant.

Before graduation, students have obligatory research requirements in most medical schools outside the US. There is confusion amongst applicants about whether that should be counted as a publication. In my opinion, it should, and you can mention it as a publication and select oral presentation as publication type.

Personal Statement

Every USMLE guru tells you to start your personal statement with an exciting story. While that is the recommended way of starting your statement, it is not enough.
The #1 thing program directors look to see from your personal statement is what adversities you were able to overcome and the impact you were able to make in your society.

Your entire personal statement should be one long story about you. Being an IMG from a different country/continent alone makes your story interesting to the reader. So embrace your unique experiences, and don't be shy/ afraid to narrate them.

How to write a personal statement

Although there is no single template to write all personal statements, the content of a personal statement can include:

Story of a patient that impacted your practice
Your story growing up and how it shaped you
Adversities you faced growing up, in medical school, or during the USMLE path and how you overcame them
What made you choose the specialty you are applying to

Relevant experiences in the specialty you are applying to
What you did to make an impact in your society/country
Your hobbies and how they help you become a better doctor/ help you cope with stress
Why did you choose to do your residency in the US
Your expectation from the programs during residency
Always end the personal statement by expressing your excitement for the new chapter and thanking them for taking the time to read your statement

The personal statement allows the residency selection committee to "meet" you before meeting face-to-face. Introduce yourself. Show (rather than tell) programs that you have the qualities to be a great resident by using examples from your previous experiences and achievements. Writing about how much you enjoy emergency medicine does not distinguish you from any other applicant; focus instead on what makes you unique. Describe the challenges you've faced to demonstrate your ability to persevere. Highlight how your previous experiences show your passions, values, and goals and how you plan to channel your intelligence, creativity, and compassion into your career. Don't go overboard by including examples from every previous experience; you will have a chance to talk about these in the experiences section. Instead, choose a few examples that highlight who you are and what you're looking for in a residency. Committees want to know you will be a good fit with their program, so discuss what you are looking for in a residency program and what you want to gain from the next 3 to 4 years of your life. Make the personal statement personal.

Other essential facts that apply to all writing you are submitting apply here too. Edit your statement, put it away for a few days, then edit again with fresh eyes. Have those you trust read it as well. Take the recommendations with a grain of salt, but make sure you correct all spelling and grammar.

Although it is stressful, try to have some fun with the process. It is, by definition, the most personal part of the application. Allow yourself to reflect on what makes you really *you*, and let that shine through.

Each statement is limited to 28,000 characters. There is no limit to the number of personal statements you can create. You can create program-specific personal statements (but be careful not to send the wrong statement to the wrong program).

To summarize
Avoid wasting words talking about the specialty you are applying to. The people interviewing you already know how great the specialty is; instead, focus on what impacted you to choose that specialty.

When it comes to personal statements, it is "show me, don't tell me." So, write stories about adversities you faced and how you solved them, and give examples of the impacts you created on people around you and on a larger scale.

Try to include your hobbies in your personal statement and mention what they are, what you learned from them, and how they helped you perform better as a doctor. This is an intelligent way of showing that you are always learning and can take something from every situation.

Your personal statements could be an ice breaker during your interviews, especially if you wrote a good one. I have been complimented on my personal statement numerous times during interviews. Therefore, make sure you take your time writing it and get it reviewed multiple times before submitting them. An outstanding personal statement can help you get interviews even if your scores are not exceptional.

Sending a personalized letter is an excellent way of showing your high interest in a specific program, and that could help give you an edge and get you an interview at that program, so keep that in mind.

Things you should avoid while writing your personal statement

- Reiterating your entire CV

Personal statements are to show your character and not to list your accomplishments. So instead of listing everything in your CV, try to choose one or two significant achievements listed in your CV and expand on them in a captivating way.

- Making it too long

It is preferred to make your personal statement short and sweet.
But there is a false circulating myth that personal statements should not be more than 1 page. Mine was more than 1 page long, which did not prevent me from getting interviews. I had 27 interview invites.

- Preaching to the choir

Don't spend all your words writing about how great the specialty is. The PDs already know how great their specialty is; they want to know how great you are.

- Making spelling or grammatical errors:

Too many grammatical and spelling errors will be detrimental to your chances

- Writing it in one day

Take time to write your personal statement. The more time you spend on writing it, the more ideas your brain could come up with

· Submitting your first draft

Personal statements require refinements. Ideally, you should have more than three drafts. This will allow you to combine the best parts.

USMLE or COMLEX Transcripts

Within ERAS, applicants must authorize the release of their Step scores from the ECFMG by entering their USMLE ID and paying a transcript fee. You can track the status of your transcript request by logging back into ERAS.

Medical Student Performance Evaluation (Dean's Letter)

The MSPE, formerly known as the Dean's letter, is not a letter of recommendation but rather a summary of your performance throughout medical school. The MSPE is a valuable part of your application because it gives a broader perspective of your time in medical school. It narrates the accomplishments and the pitfalls you had during your time in med school. It also provides a narrative of your clinical clerkship performances. The MSPE traditionally includes your rank compared to classmates, which can help gauge your competitiveness as an applicant; however, not all medical schools have a class ranking system. In this case, your school will indicate this in the MSPE. However, the MSPE is highly important when deciding how to rank applicants. Therefore, it is vital that this document explicitly mentions all the accomplishments you had in your med school regarding the specialty you're applying to.

If any negatives are mentioned in your MSPE, be ready to discuss them in your personal statement and interviews. Then, highlight the things you learned from that experience and the changes you made so that negative experiences will never happen again.

Medical School Transcript

This is simply a list of your preclinical and clerkship grades released prior to the MSPE. Your MSPE will provide more detailed information about your clerkship performances. By the time you are putting together your ERAS application, there is not much you can do about any of this information. While basic sciences grades

have been ranked lower in terms of importance to residency programs, performance in required third-year clerkships is cited as being heavily valued.

Photo

This is optional, but the vast majority of applicants do upload a photo to ERAS. Your goal is to look like you made an effort and look professional. Although not obligatory, I think it is better to get a picture taken by a pro. Avoid selfies at all costs.

To summarize:

· Be honest on your application; do not inflate your accomplishments or involvement. Program directors also look for congruence. They want to make sure the person they interact with on the interview day is consistent with the person they see on paper.
· Anything on your application is fair game to be discussed further in an interview. If it is on your application, be prepared to talk about it!
· Spelling and grammar errors can be detrimental.
· Stick to the timeline. **Do not submit late!**

Program Selection

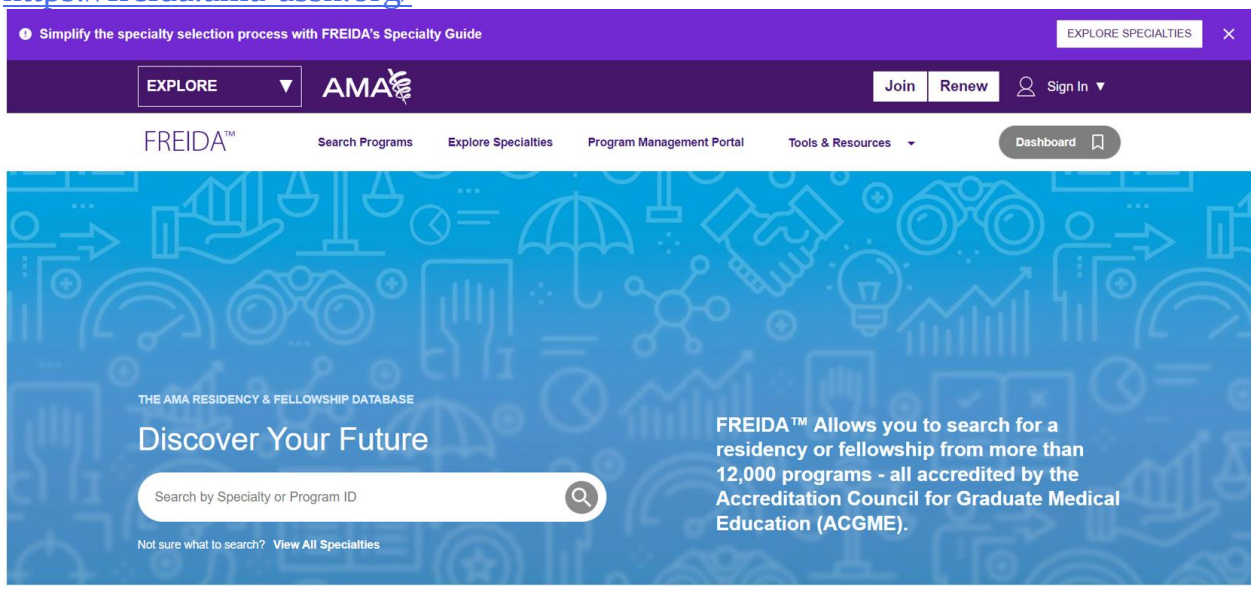
Program selection is one crucial part of the residency application. Every applicant should take ample time to review the programs well before paying the application fee. You can review programs by creating a free account on residency explorer, Freida, or checking the institution's website. Many paid services can assist you in selecting programs based on your profile, one of which is 'match a resident .'In my opinion, the best way to select programs would be to use residency explorer and use the link to check the institution's website.

The key to a successful residency application weigh heavily on selecting and applying to the appropriate institution. Therefore, creating a personalized list of programs is paramount based on one's strengths and weaknesses. A straightforward example of this could be to check which programs sponsor visas. If you see that a program doesn't sponsor a visa and you are a visa requiring IMG, don't apply to that program, simple as that. The same thing goes for USCE; if a program requires hands-on USCE but you don't have that in your resume, ignore that program and go for programs that don't require USCE. In other words, stop throwing your money away in hopes that residency programs would make an exception for you because it is improbable that programs would change their criteria for any specific applicant.

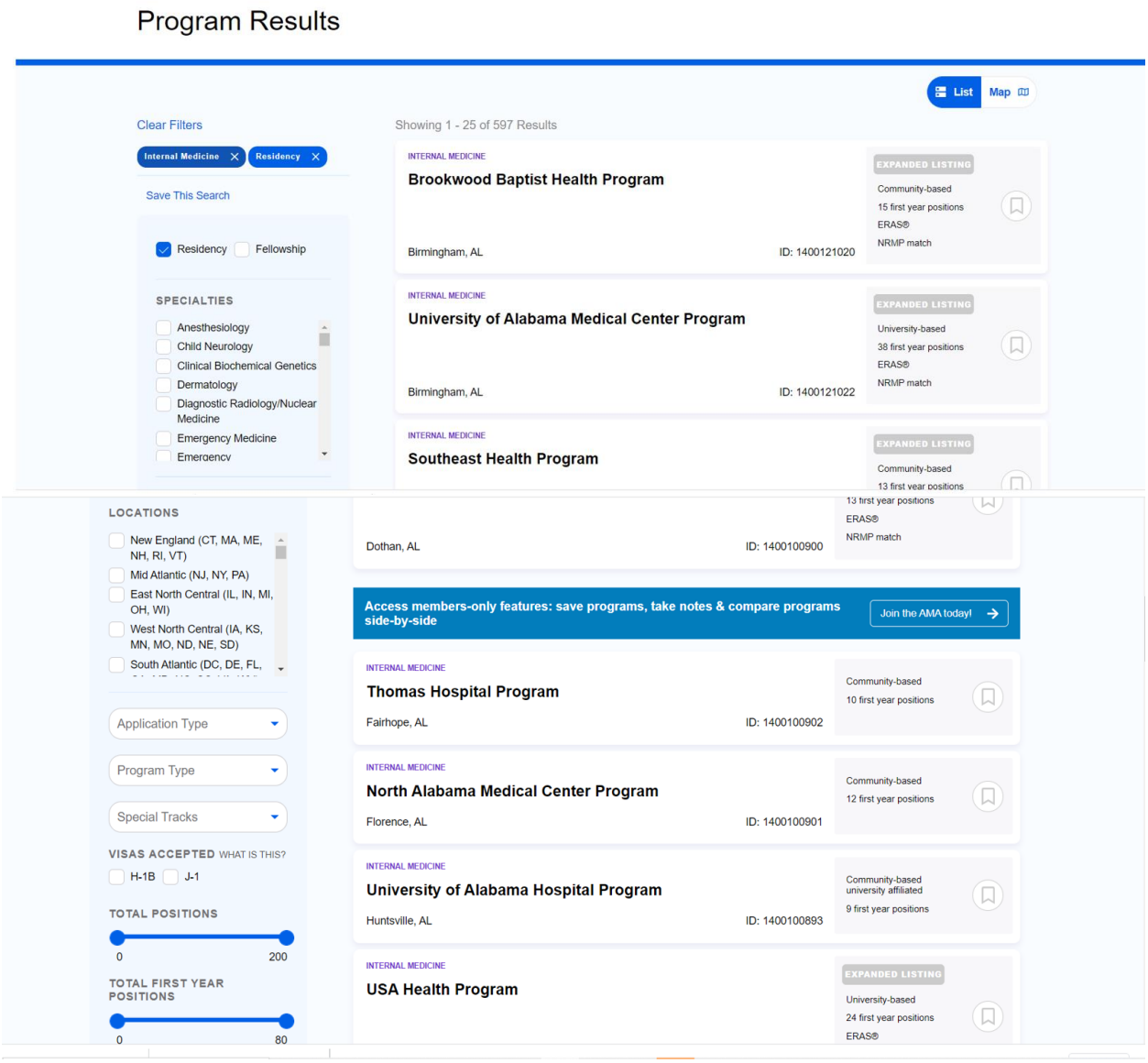
Freida

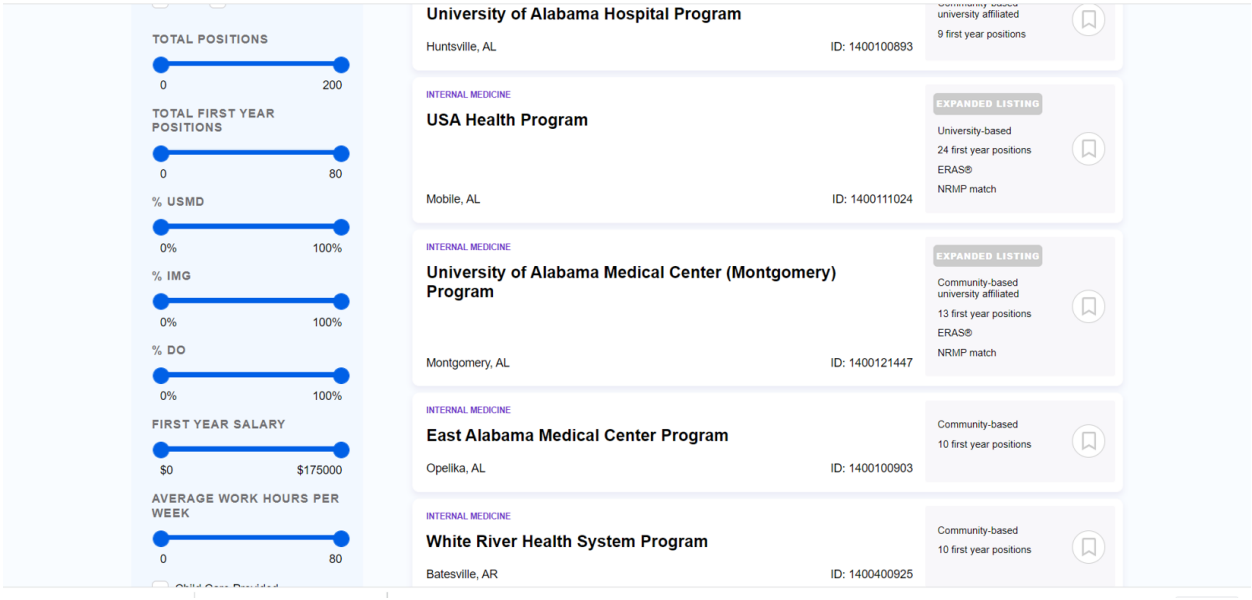
AMA created Freida to search for and review programs for residency applications. You can easily register for free and start searching for programs by entering the specific program's NRMP code or specialty if you don't know the particular program's NRMP code.

https://freida.ama-assn.org/



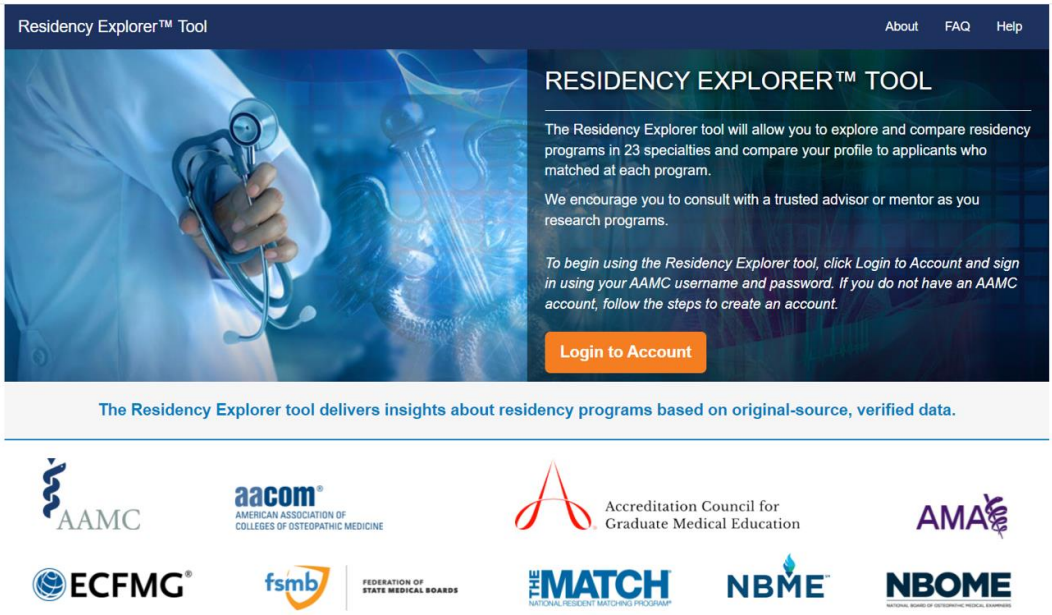
If you decide to search based on specialty, you can use the filters on the left to make your search more personalized and easily filter out programs you don't want to apply to. For example, you can filter out programs based on location, Visa sponsoring, and the percentage of IMG residents in their program.

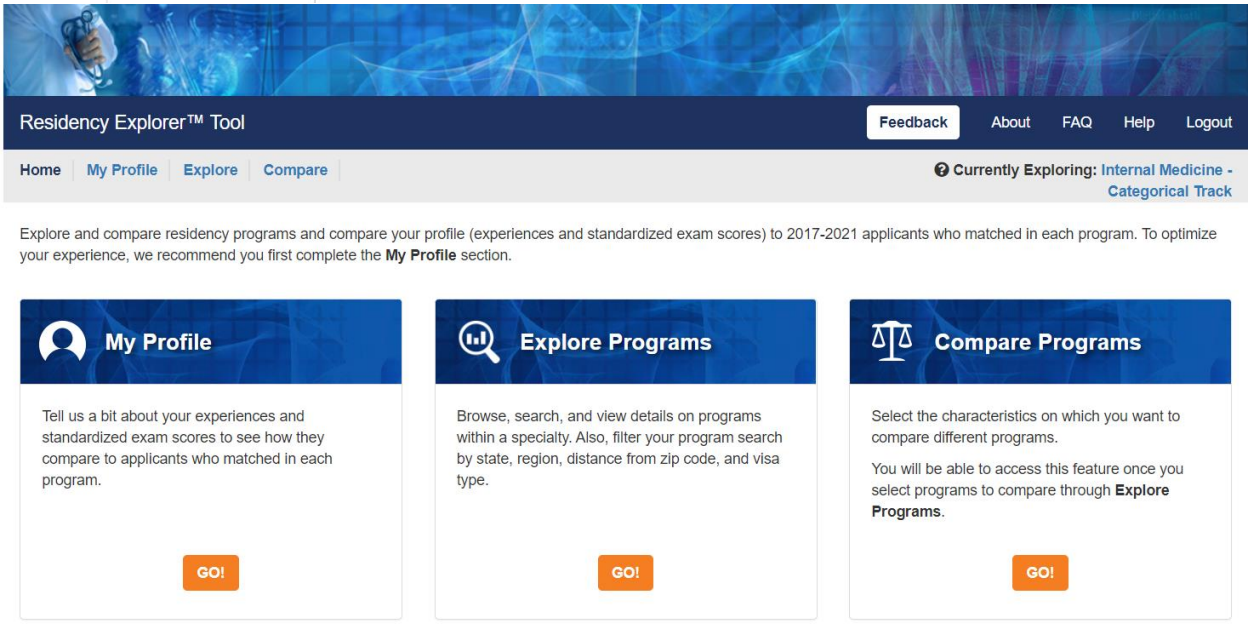


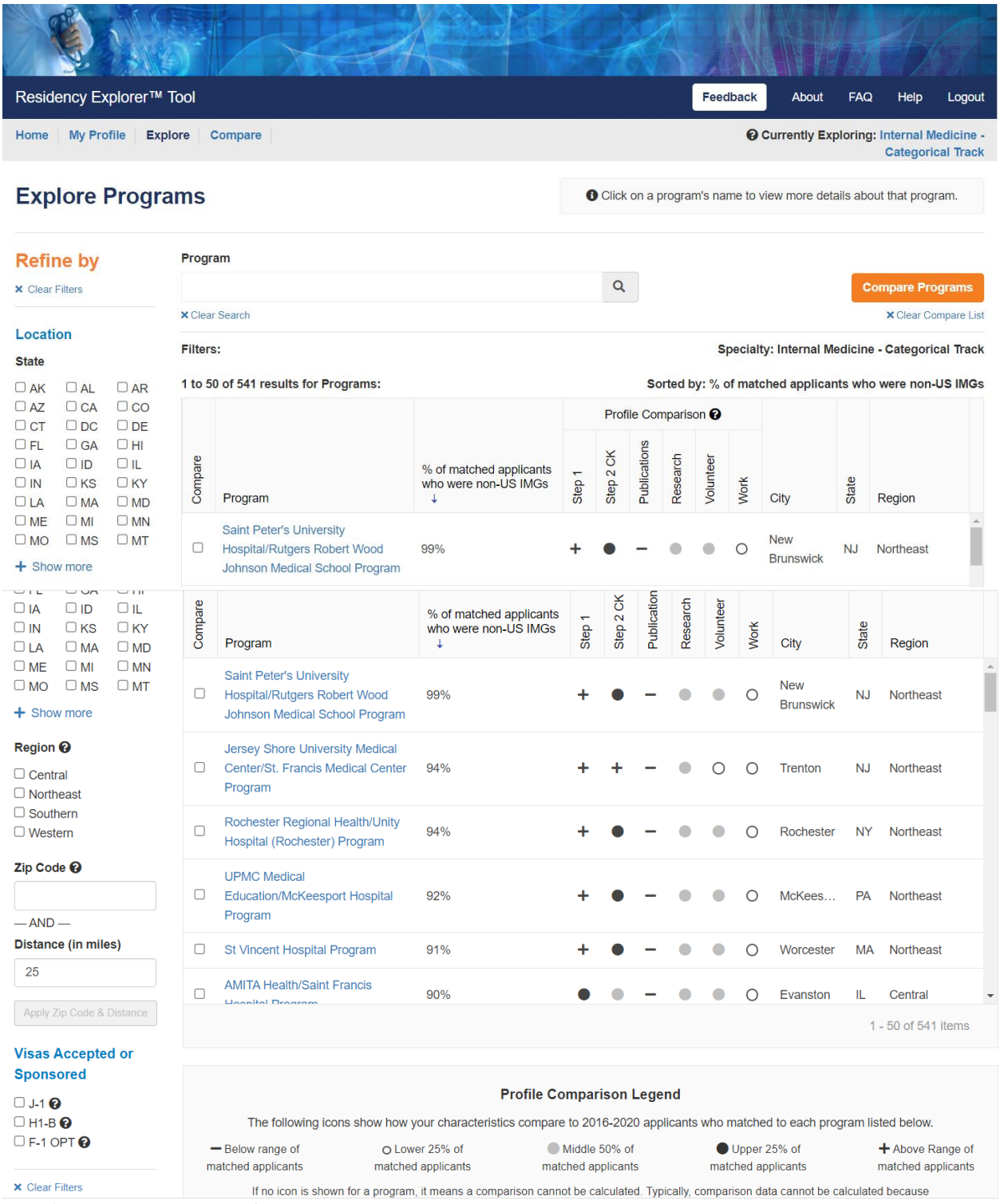

TOTAL POSITIONS
0
200
TOTAL FIRST YEAR POSITIONS
0
80
% USMD
0%
100%
% IMG
0%
100%
% DO
0%
100%
FIRST YEAR SALARY
$0
$175000
AVERAGE WORK HOURS PER WEEK
0
80
University of Alabama Hospital Program
Huntsville, AL
ID: 1400100893
university affiliated
9 first year positions
INTERNAL MEDICINE
USA Health Program
Mobile, AL
ID: 1400111024
EXPANDED LISTING
University-based
24 first year positions
ERAS®
NRMP match
INTERNAL MEDICINE
University of Alabama Medical Center (Montgomery) Program
Montgomery, AL
ID: 1400121447
EXPANDED LISTING
Community-based university affiliated
13 first year positions
ERAS®
NRMP match
INTERNAL MEDICINE
East Alabama Medical Center Program
Opelika, AL
ID: 1400100903
Community-based
10 first year positions
INTERNAL MEDICINE
White River Health System Program
Batesville, AR
ID: 1400400925
Community-based
10 first year positions

Residency Explorer

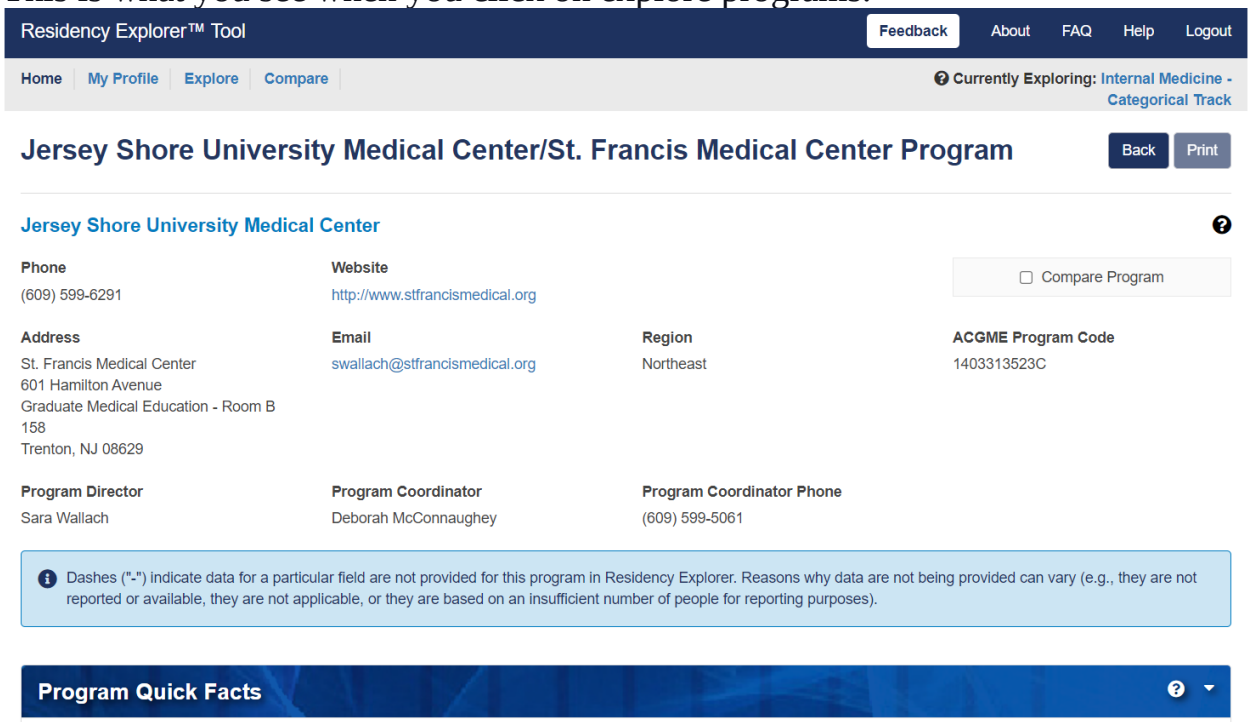
Residency explorer is another free website you can use to look for programs that fit your profile. You can create an account in just minutes and make your own profile by putting in your information like scores, research, volunteering, and whether you're a USMD or an IMG. This website tells you where your profile stands amongst the current residents of the programs you want to apply to.
https://www.residencyexplorer.org/Account/Login






Residency Explorer™ Tool
Feedback
About
FAQ
Help
Logout
Home
My Profile
Explore
Compare
Currently Exploring: Internal Medicine - Categorical Track
Explore Programs
Click on a program's name to view more details about that program.
Refine by
Clear Filters
Location
State
AK AL AR
AZ CA CO
CT DC DE
FL GA HI
IA ID IL
IN KS KY
LA MA MD
ME MI MN
MO MS MT
Show more
Region
Central
Northeast
Southern
Western
Zip Code
— AND —
Distance (in miles)
25
Apply Zip Code & Distance
Visas Accepted or Sponsored
J-1
H1-B
F-1 OPT
Clear Filters
Program
Clear Search
Compare Programs
Clear Compare List
Filters:
Specialty: Internal Medicine - Categorical Track
1 to 50 of 541 results for Programs:
Sorted by: % of matched applicants who were non-US IMGs
Compare
Program
% of matched applicants who were non-US IMGs
Profile Comparison
Step 1
Step 2 CK
Publications
Research
Volunteer
Work
City
State
Region
Saint Peter's University Hospital/Rutgers Robert Wood Johnson Medical School Program
99%
New Brunswick
NJ
Northeast
Jersey Shore University Medical Center/St. Francis Medical Center Program
94%
Trenton
NJ
Northeast
Rochester Regional Health/Unity Hospital (Rochester) Program
94%
Rochester
NY
Northeast
UPMC Medical Education/McKeesport Hospital Program
92%
McKees…
PA
Northeast
St Vincent Hospital Program
91%
Worcester
MA
Northeast
AMITA Health/Saint Francis
90%
Evanston
IL
Central
1 - 50 of 541 items
Profile Comparison Legend
The following icons show how your characteristics compare to 2016-2020 applicants who matched to each program listed below.
Below range of matched applicants
Lower 25% of matched applicants
Middle 50% of matched applicants
Upper 25% of matched applicants
Above Range of matched applicants
If no icon is shown for a program, it means a comparison cannot be calculated. Typically, comparison data cannot be calculated because

This is what you see when you click on explore programs.



You can filter the programs based on the location, visas accepted, and the percentage of % of applicants matched who were IMGs. Then you can click through individual programs to explore in detail about the programs.

There is a lot of data you can get about programs before applying. I highly encourage you to look at Freida and residency explorer data before applying carefully. If there is any information you couldn't retrieve from the sites mentioned above and/or want to check out more information, you can look at the official websites of the programs. Links to the official websites can be found on Frieda or residency explorer.

How many programs should you apply to?

ERAS application fees could be expensive, and one might be inclined to save money by applying to the least number of programs that they can. But you don't want to miss your chance of matching just because you didn't apply to enough programs. After all, the best way to save money is to match on the first try. Therefore, balancing between saving money and applying broad is essential.
As far as the number of programs you need to apply to goes, it depends on the strength of your overall application. If you have high scores, hands-on USCE and good letters of recommendation, and MSPE, you may need to apply to fewer

programs than a person with less competitive scores. You would want to target to get ten interviews when you apply for residency as data have shown previously that 10+ interviews give you the best chance of matching (>90%). In my opinion, IMGs with competitive scores should aim to apply for 100 programs to get at least ten interviews, as I have seen from my experience. IMGs with less competitive scores might need to apply for 150-200 programs. In any way, the answer to this question is subjective but applying broad and **carefully selecting the programs that fit your profile gives you the highest chance of matching.**

Which Visa should you apply for if you're a non-US IMG

There are primarily two types of visas to choose from when you apply for a US residency. The J1 Visa and the H1b visa. There are pros and cons to both these types of visas, and hence one should have a very good idea about them when applying for residency. We will discuss each of them one by one.

1. J1 visa

The J-1 visa is a nonimmigrant visa that allows specific categories of exchange visitors to come to the US to further their education or work temporarily. Initially introduced by the Mutual Educational and Cultural Exchange Act of 1961, the program is intended to foster better relationships between the US and other countries. While the US Information Agency initially oversaw it, it now falls under the purview of the US Department of State. The J-1 visa is program-based instead of employment-based. To get a J-1 visa, you must first be accepted into a program by an approved sponsoring institution, agency, or company (in this case, the ECFMG).

To obtain a J-1 visa, you must be accepted to an approved sponsor's program. You can apply for a J-1 visa by submitting a Form DS-2019. This form is issued by the responsible officer at the sponsoring agency. Once you have applied to an approved program and have been accepted, the responsible officer or the alternate responsible officer should issue this form. Once you receive it, you can apply for a J-1 visa at the US consulate or embassy in your home country. Your spouse and minor children can apply for J-2 visas based on your J-1 visa, which will allow them to travel to the US with you. A J-1 visa will allow you to remain in the US until the end of your program, as listed on your DS-2019.

To initially secure a J-1 visa, applicants must demonstrate their ties to their home countries and show their full intention to return home at the end of their program. However, people can sometimes apply to adjust their status to different types of visas without placing their nonimmigrant status as a J-1 visa holder in jeopardy if they meet the requirements for the other visa type.

To change your J-1 visa without having to leave the country for two years, you will need to be able to obtain a waiver of the requirement (You can learn more about J-1 visa waivers and how to determine if you are eligible below in the section 'Visa'). In most cases, people apply for a waiver to pursue Green Card (permanent resident), H, L, or K visa status by working in underserved areas in the US. If the USCIS grants the waiver, you will be allowed to remain in the US while waiting for a change in status or certain types of visas. However, if you are subject to the home residence requirement and cannot secure a waiver, you will have to return to your home country for two years before you can apply for a different type of visa.

Advantages of J1

- Total charges are lower (approximately 800$)
- ECFMG sponsors it; therefore, you get help form ECFMG
- J2 dependents can work.
- More fellowship opportunities than H1B (more programs are willing to sponsor it)
- Longer permit (which can be extended up to 7 years compared to 6 years for H1b)- more vital if you're interested in surgical specialties that could take seven years to complete
- No need to take step 3 to apply for J1

Disadvantages of J1

· No moonlighting
· Need for a waiver (usually obtained by working in an underserved area for two years. You can find the full criteria for a waiver below)
· Requires yearly renewals and stamping
· Delay in obtaining permanent residency (due to requirement for waiver) - Even if you marry a US citizen, you need to complete the waiver before getting a green card or citizenship.

2. H1B visa

An H-1B visa provides temporary, specialty worker status to professionals coming to the United States to perform services in a specialty occupation. The job must require at least a bachelor's degree in the job's area of specialization for entry-level proficiency. An I-797 "Approval Notice" is the document provided to apply for an H-1B visa and entry in H-1B status. Dependents are eligible for H-4 visa classification, which does not permit employment.

While the H-1B visa is a temporary visa, it is a dual intent visa. This means that you can apply for status as a lawful permanent resident while in the US on an H-1B visa and working for your employer. In addition, if you secure an H-1B visa,

you will become eligible to apply for and receive a Green Card if you remain and work in the US for the six years that you are allowed with an H-1B visa.

Advantages of H1b

- No need for a waiver
- Obtaining permanent residency is relatively easy (just complete the six years of H1b)- if you marry a US citizen, you can start processing your green card/citizenship**.**
- Moonlighting is possible

Disadvantages of H1b

- More expensive and time-consuming to process
- Requires completion of step 3
- H4 dependent can't work
- Fewer fellowship opportunities- Fewer programs are willing to sponsor H1b visas for fellowship
- It lasts a maximum of 6 years

J-1 Versus H-1B Visa Comparison Chart

https://pips.partners.org/studying-and-working-with-partners-healthcare/J-1-and-H-1B-visa-comparison-chart.aspx

Here is a side-by-side comparison of J-1 and H-1B visas. J-1 is the most flexible and commonly used visa within Partners.

	J-1	H-1B
Duration	• Varies depending on J-1 Category	• Increments up to 3 years • Maximum 6 years
Source of Funding	• Permits foreign or domestic funds • Self-funds are often permitted • Flexible (funding can change)	• Competitive salary must be paid by H-1B employer • Visa status will be terminated if hospital salary cannot be maintained
Work, Lecture, Consult for Other Employers	• Must promote current research • Must have prior PIPS approval • Can receive payment and/or honoraria	• Prohibited unless concurrent H-1B is filed • Cannot receive honoraria
Family	• J-2 can obtain work authorization	• H-4 cannot work
Grace Period (time allowed to remain in the	• 30 days	• No grace period

	J-1	H-1B
U.S. after program completion)		
Future Outlook	• May be subject to 2 year home residency (the U.S. government usually easily releases the J1 from this obligation with a waiver) • Nonimmigrant intent (no green card while in J-1 status)	• Eligible for green card only if job has advanced beyond training and/or permanent job has been offered (Research Fellow is a training position)
Academic Qualifications	• Completion of at least BA/BS degree (equivalent not acceptable) for PIPS sponsorship • Undergraduate students enrolled abroad may be eligible for J-1 Student Intern	• Minimum BA/BS degree required • Degree must be in job's area of specialization
Position Qualification	• Academic research	• Job must be a Specialty Occupation
Initial Processing Times (coming from abroad)	• Department must submit application to PIPS 4 months in advance • Once DS-2019 received from PIPS, Visa Wait Times vary	• Department must submit application to PIPS 7 months in advance • Once H-1B approval notice is received from PIPS, Visa Wait Times vary
Change of Status Processing Times (while in the U.S.)	• Department must submit application to PIPS 6 months in advance	• Department must submit application to PIPS 7 months in advance
Extension Processing Times	• Department must submit application to PIPS 4 months in advance	• Department must submit application to PIPS 7 months in advance
Associated Fees	• SEVIS fee $180 • Change of Status fee (if applying in the U.S.) $370 • Visa Application Fee	• H-1B filing fee $460 • Anti-Fraud fee $500 • Premium Processing (optional) $2,500 • H-4 filing fee $370 • Visa Application Fee

https://pips.partners.org/studying-and-working-with-partners-healthcare/j-1-and-h-1b-visa-comparison-chart.aspx

Question	J-1	H-1B
Purpose of visa	Provide foreign nationals with exchange opportunities in research as well as access to cultural and general educational programs.	Dual intent visa: used for temporary employment visitors and for those who intend to apply for permanent residency
Eligibility	This category of visa is reserved for researchers, faculty and scholars, specialists and speakers, and students in exchange programs. All are in the U.S. on fixed terms. Researchers must be brought in for a specific purpose as defined by the sponsoring institution.	Reserved for specialty occupations (scholars and scientists) that require theoretical and practical application of a body of highly specialized knowledge in a field of human endeavor. Requires a Ph.D.
Differences	Two-year home residency requirement is imposed if home country funds research or occupation is on skills list.	May be approved for J-1 visa researchers, professors or postdocs who have exhausted the three-year limit.
Maximum length of stay	Up to three years with possible six months extension.	Up to six years.
Requirements for obtaining visa	Academic and financial screening by the sponsoring institution confirmed by the issuance of the DS-2019.	Employer must demonstrate: -employer-employee relationship -position applied for is professional -requires B.A./B.S at minimum; Ph.D. for postdocs and/or special skills -salary paid must meet the prevailing wage -benefits are commensurate with other similar positions -initial intent to hire is temporary -must pay for return transportation home if employer terminates job.
Extensions	Yes, but the total stay cannot exceed three years.	Yes, but the total stay cannot exceed six years.
Home residency requirement	You may be required to live in your home country for two years if you have special skills needed by your country, or you used government funding for the program. Waiver of the two-year home residency requirement may be possible. See the information on J-1 waivers.	Not required.
Travel restrictions	Check with institution and/or immigration attorney.	Check with employer and/or immigration attorney.
Cost to obtain the immigration status	Many institutions charge a handling fee (approximately $200-$300) to process the DS-2019.	The U.S. government charges a filing fee of $130 for the processing of the I-129 petition. Many institutions charge a $1,000 handling fee or require payment of attorney fees.
Who pays for visa processing	The professor, researcher or postdoc or the institution.	The employer.

Who files the request for immigration status	The institution issues the DS-2019	The employer files the H-1B petition
Processing Times	The institution can take two weeks or several months to issue the DS-2019. The U.S. embassy may take another two months or more to issue the visa.	Employer can take up to three months to process the paperwork. The Immigration Service can take up to another six months. The U.S. embassy or consulate can take another two months to issue visa stamp.
Can the procedure be expedited?	No.	Yes, for the petition with the Immigration Service. No, for the visa stamp issuance.
Cost of Expedited Service	Not applicable.	$1,000 premium processing fee.
Authorized Employer	May receive compensation from the school or institution that issued the DS-2019. You may also engage in temporary work in another institution if the work is related to the program and if you receive advance permission. Compensation may include travel grants and reimbursements.	May only work for the H-1B employer in the specific position approved. You are not eligible for honorariums; however, in some cases they can be paid reimbursements.
Limit on obtaining status	No, however, the applicant has to remain off J status for at least one year before the next three-year period.	No, however, the applicant has to remain outside of the U.S. for at least one year before the next six-year period.
Consequences of letting immigration status lapse	Termination of participation in J-1 program. Visits to the U.S. in the future will be prohibited in varying degrees depending on length of unlawful presence. For example, if you are in unlawfully present for more than 180 days, you are prohibited from returning to the U.S. in any visa status for three years.	Must leave the U.S. and reapply for admission in proper status. Visits to the U.S. in the future will be prohibited in varying degrees depending on length of unlawful presence. For example, if you are in unlawfully present for more than 180 days, you are prohibited from returning to the U.S. in any visa status for three years.
Work while waiting for a change in visa category	You may continue in F-1 (student visa status) in an optional practical training (OPT) category for up to a year; however, you should apply at least six months in advance before OPT expires for change of status to J-1 or H-1B. Persons in J-1 status who are changing status to H-1B cannot start work until the application is approved. While a change in status is pending you cannot "volunteer" for work where you would normally be paid.	Cannot work until H1-B application is approved. You may remain in the country if petition is submitted before previous status ends. While a change in status is pending you cannot "volunteer" for work where you would normally be paid.
Visas for family members?	J-2 for spouse and children under 21.	H-4 for spouse and children under 21.
Family members work authorization	Family members on J-2 visas may apply for an Employment Authorization Document (EAD) for any type of employment. However, their	No.

	earnings cannot substitute for the support of the J-1 visa holder.	
Travel by family members travel	Spouse and minor children may be admitted into the U.S. in J-2 classifications. Each family member has a SEVIS-issued DS-2019 form issued in his/her own name by the sponsoring organization. When traveling, it is recommended that you carry copies birth and marriage certificates to more easily demonstrate spouse and children relationships.	Yes. Family members will need H-4 visas and verification that the H-1B principal is in the U.S. working for the approved employer. When traveling it is recommended that you carry copies birth and marriage certificates to more easily demonstrate spouse and children relationships.
Apply for visas for family members	At a U.S. consulate or embassy.	At a U.S. consulate or embassy.
Federal taxes	Depends on tax treaty between home country and U.S. Most J-1 visa holders are considered residents of the U.S. for tax purposes if they meet the substantial presence test.	Depends on tax treaty between home country and U.S. Most H1-B visa holders are required to pay federal taxes and Social Security withholding.

Networking on the USMLE Path

Networking is the single most crucial factor for matching into a residency program. Of course, the best way to network is through people you know from your rotations in the US. But if you didn't have US rotation, you can try to network with people from your medical school or home country that are now physicians in the US.
Is it possible to match without any Networks in the US? Yes, but having a good network makes the process easier.

How to network effectively

· Communicate the right way, be polite. It's not what you say but how you say it
· Respect privacy: don't ask personal questions. Phrase your questions to make them more general rather than specific.
· Address them by their last name and call them doctor or Mr/Ms if they're not a doctor. Only address them by their first name if they tell you to.
· Send your message, and if they don't respond, follow up with them after a couple of days. But if they don't respond to your follow-up, they don't want to be bothered.

Why do you need to network?

· USCE and Research opportunities - you can use networks to find research opportunities as well as USCE
· Personal statement- you can ask your networks to take a look at your statement and give you feedback
· Interviews: you can ask your networks if your profile matches with the current residents in their program after sending them your CV

Networking platforms

Use professional platforms such as:
LinkedIn
Twitter
Email

Interviews

Interviewing for a residency spot could be a nerve-wracking experience for someone who doesn't know what to expect. Residency interview (currently virtual) is done through the following apps: Zoom, Webx, Microsoft teams, or thalamus. The choice of the platform largely depends on the program, but all of these are easy to use. The program coordinator will send the link to the interviews. A program coordinator is **an employee who plans, coordinates, and oversees employees for various programs or projects for their employer**. They are there to make you feel comfortable and answer your questions.
The start of the interview season depends on the year but is generally late September to early October. Interviews are given in waves where the first wave is usually early October, the second wave is November-December, and the last in January. Competitive applicants (AMGs and IMGs with high scores) get interviews during the first wave, and most IMGs are going to get their interviews on the second wave, so patience is required. Traditionally, many IMGs used to get interviews late (January) when AMGs and competitive IMGs with many interviews start canceling their interviews to save money and energy. But this is not seen anymore after the interviews turned virtual as fewer and fewer people cancel their interviews. These waves are a general description of ERAS season. They do not apply to individual programs, as some programs start giving out their first wave of interviews in November or December. Therefore, you should know that there are exceptions to this generalization. Whenever you get an interview, try to schedule it as early as possible to avoid stacking interviews at a later date.

Pre and Post interview communications

https://youtu.be/kxIJRXTiym0

Pre-interview communications

Pre-interview communications (with programs) are okay if their goal is one of these two:
To inform programs of a significant update on your CV (for example, being ECFMG certified if you weren't by the time you applied or if you got important research published), or to send a letter of interest to specific programs of interest. Here's an example of how you update programs for important events.

Date
Dear program director/Dr. X
I am writing this email to kindly update you that I got ECFMG certified. I am highly interested in your esteemed program and would love to be a part of it. Thank you for reading this email and for considering my application.

Sincerely,
Name as it appears on your ERAS profile
AAMC ID: xxxxxxxx
Phone number: xxxxxxxxxx
Attach your ERAS photo

Letters of interest

If you feel like you are not getting enough interviews, you should select programs you're interested in and send them a letter of interest. A letter of interest **is** a letter that expresses your interest in working for an organization. Your letter of interest should always be specific to a program. Therefore, you must research the program deeply before writing such a letter. Although it could sometimes work, writing a generic letter doesn't show your interest in that specific program, as program directors know that the same letters are sent to all the other programs you applied to.

- It should be professionally sent via email.
- The subject of the email should be 'letter of interest.'
- It should be specific to a program. Express clearly what made you apply to that program specifically and what sets them apart. (This could be the volume and variety of cases, their facility, or location)
- Should be written to the program director and cc-ed to the associate program director and/or program coordinator
- It should be written in a timely manner (you should send them after the first wave because it will be futile to send them after all the interview slots are taken). In my opinion, the best time to send them would be the second or third week of October.
- It is okay if the program directors don't respond to your letter; they usually don't.
- Keep them short. Maximum two paragraphs
- Don't reiterate your CV but mention one or two most important experiences you have
- The goal at the end is to make your application opened and reviewed, so try to end with that notion politely.
- Include your AAMC ID, phone number, and your eras photo to make your email more professional

Here is a template of what a great letter of interest looks like from an IMG that matched into radiology

Oct 21,2021
Dear Program Director/Dr. X
Re: particular interest in your program

I am a 2020 graduate from X University, Country. I want to reiterate my interest in the X radiology residency program and hope you will consider me for an interview. I am highly interested in your program's solid academic exposure through the level 1 trauma center and prison hospital, which provide diverse pathology and an excellent learning workload. I am also drawn to the camaraderie and rich tradition of teaching that your program is known for. And lastly, the location of your program in x is ideally suited as I have family members living in x.

I graduated with honors and worked x plus hours during my internship at x university. My step 1 score is xxx, step 2 CK score is xxx, and I am ECFMG certified. I organized fundraising activities for patients unable to afford to pay for imaging and medications during my time in med school. After graduation, I volunteered in a homeless shelter, where I provided free healthcare for residents of the shelter.

I hope you give me the chance to interview for your esteemed program, and I look forward to hearing from you.

Kindest regards,
Name as it appears on ERAS application
AAMC ID:xxxxxxxx
Phone number:xxxxxxxxxx
Attach Eras photo

If you don't get an interview after sending your letter of interest, you can follow up with the program to remind them of your interest. When writing a follow-up email, there are two crucial factors to keep in mind. The first is to wait for an adequate time after your previous email (3 weeks to a month) before sending your follow-up email. Give a program director enough time to review your application before bombarding them with another email. The second is to keep your email short and sweet. You've already explained your interest in the first email; therefore, there is no value in repeating that. Program directors have to review thousands of applications every season, and taking up their valuable time by writing very long

emails is not going to leave a good impression and, at best, leave your email unread.

This is a template of what an excellent follow up email looks like:
Date
Dear Program Director/Dr. X
I want to follow up on my previous email to express that my interest in your program remains very high, and I would love to have the opportunity to meet with you. Thank you for taking time from your busy schedule to read my email.
Sincerely,
Name as it appears on ERAS application
AAMC xxxxxxxx
Phone number xxxxxxxxxx
Attach your ERAS photo

Interview day

Structure

- Program director presentation
- Interviews
- Q & A session with the residents

Virtual interview day usually starts at 9 am. The day begins with a 30-minute to 1-hour presentation by the program director telling you about the program. Although you should join the meeting 5 to 10 minutes before it starts, you should never be late for the meeting as this will leave a wrong first impression.
After the presentation ends, the interviewees are put into individual rooms where they will be interviewed by a program director or other faculty members. The duration of individual interviews is different from one program to another, but they usually last 10 to 30 minutes and are with 2 or 3 different interviewers each.
The interviews are to see the character and fit of the applicant and not to assess the knowledge. They are just conversational-type questions mixed with ethical scenarios/behavioral questions. I have rarely been asked about something on my CV, but I have never encountered scientific questions in my 25+ interviews.
At the start of the interview, you should always smile, have a warm greeting, thank them for the opportunity, and be happy to be there.

The most common interview questions:

Interview questions are incredibly redundant. The following questions make up more than 90% of the questions you'll be asked during your interviews. **Therefore, preparing answers to these questions is critical!** It is vital to jot down the points you want to mention in a bullet format for the most common questions asked at interviews.

Tell me a little bit about yourself?
What have you been doing since graduating from med school?
Why are you interested in this specialty?
https://youtu.be/z-CpdbD6rtk
Why are you interested in our program/ how did you hear about our program? You can usually gather answers to this question by going through the program's official website.
Do you know anyone in our program?
What are your career goals/where do you see yourself in 5-10 years/ Do you want to join a fellowship?
Hobbies: they love to talk about hobbies you listed on your ERAS CV
How would you describe yourself/ what three words would best describe you?
How would your friends describe you/ what three words would your friends use to describe you?
What makes you different from other applicants?
List 3 of your greatest strengths?
What is your biggest weakness?
Tell me about your research?
How is the US health care system different from the place you trained at?
What would you miss about your home country if you moved to the US/ what would you do if you were not happy being so far from your family and friends?
How do you deal with stressful situations?

Behavioral questions

Tell me about a time you had a conflict with a senior resident/colleague/ attending and how you handled it?
Tell me about a situation in med school where you went above and beyond/the extra mile.
Tell me about a time you had feedback/constructive criticism and how that affected you?
Tell me about a time you failed and how you reacted to it
Tell me about a stressful situation you went through and how you overcame it

Tell me about a situation where you worked under pressure and how you handled it.

What do you do when you feel disappointed/ how do you deal with stress to avoid burnout?
Tell me about a challenge you overcame during med school/journey to residency.
Tell me about an impactful lesson you learned from one of your idols/teachers in med school.
Tell me about a situation in med school where you demonstrated your team working skills.
Tell me about situations where you demonstrated leadership skills/have you held any leadership roles?
Tell me about a situation where you had to deal with an angry patient
Tell me about an impactful, positive, or negative patient interaction and what you learned from it

If you find a question challenging, take your time to think of an answer instead of speaking whatever's in your mind at the time. Always make sure you answer confidently and with a massive smile. Interviews are where your communication skills get assessed; therefore, try to talk clearly. Don't be ashamed if you have a heavy accent; as long as you are confident and can clearly express your thoughts, you should be fine.

Perhaps the most important thing you can do to be likable during your interview is smile. This shows the people interviewing you that you are happy to be there, and of course, everyone wants to work with positive people who are in a pleasant mood. Therefore, the image you want to present is that of a happy, excited, and enthusiastic person no matter how well/ bad the interview is going.

At the end of the interviews, the interviewer always asks if you have any questions you would like to ask them. When you get asked this question, you should never answer 'no' as it may be that you have not done your research about the program or are not interested enough. Instead, grab this opportunity to shine by asking well-thought questions that show how smart you are. You are expected to ask questions genuinely interested in rather than ask generic questions. Generic questions like 'what is the best part about your program?' or "what is the strength of this program?" tend to be repetitive and don't show you studied the program well. Program directors tend to know whether you want to learn more about the program or mumble questions for the sake of asking. During your actual interviews, refrain

from asking whose answer you'll find on the program's website, residency explorer, or Freida. Asking questions regarding salary, moonlighting, car parking, etc., will only show you haven't done your research.

One important trick you can use to make your questions more specific is to preface them. Prefacing with a statement explaining why you are asking what you're asking shows you have a genuine interest in knowing the answer to the question you raised. For example, instead of asking *'do you have POCUS training?*' you should ask, *'I am very interested in POCUS training. I heard you/ Dr. X (program director) mention it during the presentation. Could you please tell me more about it?*" the second question shows that you've been attentive.
Another example could be instead of asking '*what is the economics of healthcare course about?*', You can ask '*I believe financial wellness is part of the overall business, and I have seen on your website that your program provides economics of health care module? Could you please tell me more about that?*'. Again, the second question does a better job of showing that you have a genuine interest in knowing the answer to your question.

It would be best if you tried to prepare 3 to 4 questions per interviewer. You can ask the same question to different interviewers if the question you're asking is opinion-based instead of factual. An example of a factual question would be asking whether a program has a wellness committee; the answer to this is yes or no; therefore, you do not need to ask this question repeatedly. Whereas an opinion-based question would be something like, 'what makes a difference between a good and great resident?' this does not have a definitive answer, and the answer might differ from one person to another. Thus, you can ask the same question to different interviewers of the same program.

At the end of the interviews, always thank them for the opportunity and that you had a great time. This shows your good manners and always makes a good lasting impression.

The question-and-answer session with residents is for you to ask them questions you wouldn't otherwise ask the attendings. For example, people ask about the living cost, the taste of hospital food, what residents do for fun, etc. Although they are meant to be less formal, you should be careful not to ask edgy questions because the program coordinator or a faculty member could be within a listening ear in the background. Some programs have happy hours where interviewees can meet with residents informally outside the interview day, usually a day before or after the interview day, where you can ask anything you want. Faculty members

and program coordinators are not allowed to be present during this happy hour, and you can ask residents questions you wouldn't dare to ask during the interview day. These questions commonly include the presence of scut work, the program's culture, and whether the residents are happy.

Post-interview communications

Post-interview communications come in the form of **thank you letters and letters of intent.**

Thankyou letters

After the interviews are over, try sending thank you letters within the next 24 hours. However, most interviewers don't have time to read and respond to these letters. I don't think sending these letters would impact your matching or not, but you should send them anyways, thanking them for the opportunity as that shows good manners. Sometimes the program responds to thank you letters, but that doesn't necessarily mean you'll match there, even if it is a positive response. Take everything with a grain of salt and consider every interview afterward just as serious. Try to make your letters as specific as possible and incorporate precise details from your interview as much as possible.
You should send separate thank you letters to the program director, program coordinator, and faculty members that interviewed you.

***This is a sample of an excellent thank you letter sent to a program director*.**

Date
Dear Dr. X

Thank you so much for giving me the opportunity to interview for your wonderful program. I am looking for a residency program that provides xxxxxxxxxxxxxxxx, and your program has exceeded my expectations in that regard.

I was thrilled to get your insight into what makes a great resident and hope to put that into practice with my patients. Thank you once again for this great opportunity.

Kindest regards,
Name as appears on ERAS application
AAMC ID xxxxxxxx
Attach ERAS photo

***The following is another template of a thank you letter sent to a program coordinator*.**

Date
Dear Mr/Ms x

Many thanks for your efforts in scheduling my interviews and making sure I felt welcome. My meetings with the PD and the faculty were terrific, and my interest in the opportunity remains high. I plan to send a note of thanks to everyone, but I need their email addresses. At your convenience, could you provide me with this information for Dr x and Dr. Y? Many Thanks!
Kindest regards,
Name as appears on eras application
AAMC ID xxxxxxxx
Attach eras photo

Letter of intent

A letter of intent is a letter that tells a program that you are going to rank them first. Therefore, it should only be sent to a program that you'll rank first.

Must avoid

- Sending it to multiple programs
- Using vague terms like, I'm ranking you top. The subject of the email should only be 'Ranking your program first' or 'Ranking your program #1'

This letter could have a minor to no impact on how candidates are ranked, but if you are the type of person who likes to be extra cautious, you may send this letter to one of the programs you interviewed. Suppose you want this letter to have any impact. In that case, you must send it before the programs are done ranking the applicants because if you send this letter after the committee agrees on the rankings, it will make no impact on the final rankings as the joint decisions can't be altered. Therefore, I would recommend that this letter be sent to the program around the second half of January, and sending it afterward might entail the risk of being too late.

A good template for this letter could be as follows
Date
Dear Dr. x,

I am writing to convey my strong interest in the internal medicine residency program at xxxxxxxxxx. I have compiled my ranking list and ranked xxxxxxxxx first.
xxxxxxxxxx stands out to me among the programs I interviewed with as having many exciting qualities that make it my top choice residency. I am drawn to the strong sense of camaraderie I observed among the current residents during my virtual visit and would look forward to opportunities to collaborate and be part of such a robust community. The dedicated attendings, high volume, and diversity of cases make xxxxxxxxxx a fantastic place to learn internal medicine. Additionally, I am keenly interested in doing my residency at xxxxxxx because of its location. Coming from xxxxxxx, I would like to be close to xxxxxxx, where I have the necessary support system. Therefore, I am eager to live in xxxxxxxx for the possibility of living near family and friends.
Xxxxxxx is my top choice residency program for these reasons, and I would be honored to complete my residency with you.

Sincerely,
Name as appears on ERAS
AAMC ID xxxxxxxx
Attach eras photo

Once you are finished sending your letter of intent, you are done and can do nothing but wait for the match result.

The Match

The Main Match Process

For applicants, the Main Residency Match process begins in the fall during the final year of medical school, when they apply to the residency programs of their choice. Throughout the fall and early winter, applicants interview with programs. From mid-January to late February, applicants and program directors rank each other in order of true preference and submit the rank order lists to NRMP, which processes them using a computerized mathematical algorithm to match applicants with programs. Research on the NRMP algorithm was a basis for awarding The Sveriges Riksbank Prize in Economic Sciences in Memory of Alfred Nobel in 2012.

About NRMP

The National Resident Matching Program (NRMP) is a private, non-profit organization established in 1952 at the request of medical students to provide an orderly and fair mechanism for matching the preferences of applicants for U.S. residency positions with the choices of residency program directors. In addition to the annual Main Residency Match for more than 47,000 registrants, the NRMP also conducts Fellowship Matches for more than 70 subspecialties through its Specialties Matching Service (SMS)

After you are done with all your interviews, Make/submit a rank order list of programs you interviewed at (your "Match list") to the NRMP. Likewise, residencies make/submit a rank order list to the NRMP of interviewed applicants. Then, a computer algorithm uses these preference lists and tries to create optimal pairings. The major wrinkle in the NRMP Match is that programs don't "accept" you. Instead, the algorithm takes your preferences and tries to pair you with a single program.

The NRMP has made an explainer video on "The Match" process
https://youtu.be/kvgfgGmemdA
This video by med school insiders also does a great job of explaining it.
https://youtu.be/mFh3JIaMGJo

The main takeaway here is that there is no benefit to game the system. Instead, you should make your Match List based on your actual preferences.

In other words, let's say I want to go to Mayo Clinic, but I'm not sure they'll rank me high. However, I had a great interview at UofL, and the program director told me I was ranked to match. ("Ranked to match" essentially means you are a shoo-in

if you want to go to that program). So Mayo would be my top choice in this scenario, and UofL would be my second choice.

If Mayo is my first choice, I should put it first on my Match list. Even if I have no chance of going there, I lose nothing by putting Mayo first. If I put Mayo first and don't match, the algorithm will try to match me at my next-lowest spot. I would match at UofL regardless of whether I had ranked Mayo or UofL first.
Let's say, though, that Mayo ranked me higher than I thought. If I were ranked high enough and put Mayo first on my list, I could still match at Mayo. However, if I had put my second-choice (but shoo-in) program in the top slot, I wouldn't have a chance to match at Mayo. So, in summary, don't self-reject.

What Programs Don't Participate in the NRMP Match?
Nearly every residency program (and many fellowships) participates in the NRMP Match. However, there are a few exceptions to specialties that do not participate in the NRMP Match. These are:

- **Ophthalmology**: Part of the S.F. Match
- **Plastic Surgery** (for those already participating/finished specialty surgery training): S.F. Match
- **Urology**: an independent match administered by the American Urological Association
- **Air Force, Army, and Navy**: administered by The Joint Service Graduate Medical Education Selection Board (JSGMESB)

Applicant and Program Types

The Match contains a wide range of various terms for different applicants/positions. Here we discuss what the different terms mean.

Applicants

Here are the NRMP's definitions of each applicant type, with explanations where appropriate:

- **U.S. IMG**: U.S. Citizen Student/Graduate of International Medical School.
- **Non-U.S. IMG**: Non-U.S. Citizen Student/Graduate of International Medical School.
- **U.S. Senior**: Senior student of U.S. Allopathic Medical School. A fourth-year medical student in a U.S. allopathic school of medicine accredited by the Liaison Committee on Medical Education (LCME). U.S. Seniors have a graduation date after July 1 in the year before the Match. U.S. seniors are sponsored by their medical schools.

- **U.S. Grad**: Previous Graduate of U.S. Allopathic Medical School. A graduate of a U.S. allopathic school of medicine accredited by the LCME. U.S. Grads have a graduation date before July 1, the year before the Match. The medical school does not sponsor previous U.S. graduates.
- **Canadian**: Student/Graduate of Canadian Medical School. A senior student or graduate of a Canadian school of medicine accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS).
- **Osteo**: Student/Graduate of Osteopathic ("D.O.") Medical School. A senior student or graduate of a medical school accredited by the Commission on Osteopathic College Accreditation (COCA).
- **5th Pathway**: Graduate of Fifth Pathway Program.

PGY-1 vs. PGY-2 Positions: What's the Difference?
PGY stands for "Post-Graduate Year." The number refers to the number of years after graduation one would be when they start.
For example, PGY-1 refers to any program that starts the year after graduation. Any "intern" year program is technically a PGY-1 year position.
PGY-2 positions begin two years after graduation. These often are the same as "Advanced" positions. (See below). Examples of fields with mainly PGY-2 posts include dermatology, radiology, and radiation oncology.
In other words, most radiology residents need to match into two separate programs. First, they need to match into the dermatology program itself, most of which start in PGY-2. Most prospective radiologists also need to match into a "preliminary" year. (See below). This is because radiology training begins during the PGY-2 year.
Some programs begin specialty training during the PGY-2 year but include a PGY-1 year. These are known as "categorical" programs. (See below). Despite starting specialty training during year two, many surgical specialties are exclusively categorical. For example, orthopedic surgery begins the ortho training during year two. The first year is often doing a year of general surgery training.

Program Types: Advanced, Categorical, Preliminary, and Physician

Here are the definitions for Program Types:
· **Advanced (A)**: begin in the PGY-2 year and require a year of prerequisite training. This means you need to apply for/match into a separate PGY-1 "Preliminary" program. (See below).
· **Categorical (C)**: begin in the PGY-1 year and provide the full training required for specialty board certification.
· **Preliminary (P)**: One-year programs that begin in the PGY-1 year. These provide prerequisite training for advanced programs.

· **Physician (R)**: reserved for physicians with prior graduate medical education. Reserved programs offer PGY-2 positions that begin in the year of the Match. These are not available to senior medical students.
· **Primary (M)**: Categorical programs in primary care medicine and primary care pediatrics. These begin in the PGY-1 year and provide the full training required for specialty board certification.

Visa Application

J1 Visa

A clinical J-1 visa in the "Alien Physician" category is for foreign national physicians seeking entry into US graduate medical education or training programs. It is a temporary nonimmigrant visa reserved for the Exchange visitor program participants. In addition, family members may apply for a J-2 visa, and a J-2 spouse can apply for an employment authorization document (EAD card).

Through the J-1 visa program, eligible doctors can travel to the US to complete graduate medical education or training programs.
The program is administered through the State Department, which has designated the educational commission for Foreign Medical Graduates (ECFMG) as the sponsor for all physicians who hold J-1 visas to participate in clinical training programs in the US.
The ECFMG is responsible for monitoring the host institutions and the J-1 visa holders to ensure that they meet federal requirements. This program allows physicians from other countries to travel and live in the US while completing their graduate medical education or training. However, once they have completed their programs, they may be subject to the two-year home-country residence requirement unless an exception allows them to secure a J-1 visa waiver.

Eligibility for the J-1 physician visa

There are usually strict eligibility guidelines for physicians who want to participate in the J-1 visa exchange program. Interested applicants may require completing education and training in other countries to qualify for the programs they plan to attend in the US.
Other requirements may include the following:

· The ability to adapt to the cultural and educational environments of the programs
· Have needs, experiences, and backgrounds that are suitable for the programs
· Have English-language competency in written and oral communication
· Pass qualifying examinations administered by the ECFMG
· Provide a statement from their home countries that their countries require the particular skills that the physicians wish to acquire
· Have contracts or agreements from the host institution that are signed by the physicians and the officials responsible for the training or education

Applying for the J-1 visa for physicians

General Requirements

- Full-time participation in an approved training program is required.
- All J-1 physicians (and J-2 dependents) sponsored by ECFMG for clinical training are subject to the two-year home residency requirement.
- A Statement of Need (SoN) from your country of last legal permanent residence is required to prove home country support for the U.S. training. It assures that you are committed to returning home.
- Approval of your J-1 visa depends partially upon your ability to prove strong ties to your home country and a clear intent to return home upon completion of the training program.
- Host institutions are required to provide you with approved clinical training.

Basic Applicant Requirements

All international medical graduates (IMGs), regardless of country of citizenship, must complete ECFMG Certification to be eligible for J-1 visa sponsorship for clinical graduate medical education (GME) in the United States.
If you are a physician seeking J-1 sponsorship, you must:

- Hold a Standard ECFMG certificate with current examination dates. Graduates of the Liaison Committee on Medical education accredited in the US and Canadian medical schools are not required to hold ECFMG certification.
- Have already completed the necessary base residency (or fellowship) training in the US or abroad
- Hold a valid training contract or letter of offer.
- Present a Statement of Need from your home country or country of last legal permanent residence
- Submit a current curriculum vitae
- Provide a clear Statement of Educational Objectives

****Additional documents may apply to non-standard programs.****

Application Process:

1. Contact your US hospital department with questions about being sponsored by ECFMG.
2. Your US hospital department will coordinate the request with our office, which serves as the hospital's official representative to ECFMG.
3. The overall timeline will vary based on the type of request, ECMG processing times, and change of category requests dependent on US government processing times.
4. Once a clinical J-1 visa sponsorship application is complete and all regulatory requirements are satisfied, ECFMG creates an electronic record for you (and for

each of your J-2 family dependents, if applicable) in the Student and Exchange Visitor Information System (SEVIS). SEVIS is a database jointly administered by the US Departments of State and Homeland Security to issue and maintain DS-2019s.
5. ECFMG issues Form DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, through SEVIS to confirm your J-1 sponsorship approval.
6. ECFMG will then provide you with additional guidance and visa application instructions.
7. Upon arrival to the US, a first-time J-1 must check in with our office to be validated by ECFMG.

Please note:
1. J-1 visa holders and J-2 dependents must hold compliant health insurance
2. J-1 physicians cannot apply for a US Social Security Card/Number until ECFMG has validated their SEVIS record. Applying for a Social Security Number before SEVIS validation will delay the issuance of the Social Security Card.
3. J-2 spouses, upon entry to the US, can apply for an employment authorization document (EAD)

If you meet the eligibility requirements, you may need to be sponsored by the ECFMG to attend an approved host institution in the US; usually, the ECFMG sponsors all J-1 clinical programs and advanced research for physicians in the J-1 visa program who have obtained certification.
You may also be required to provide a statement of need from your home country's health department and an offer letter from a training program provided by a US host institution. Once the ECFMG verifies that you've met the requirements, you may be issued the Certificate of Eligibility (Form DS-2019). This certificate may be presented to the US consulate in your home country and other supporting documents to receive your J-1 visa. You may also be required to prove that you have active medical insurance to cover your stay in the US. An applicant's spouse and children will also be eligible for J-2 visas that allow them to travel with the applicant to the US, depending on the J-1 visa secured by the foreign national. These dependents may also be required to have active medical insurance for their stay in the US.

Proof of nonimmigrant intent
To qualify for a J-1 visa as a physician, you may also be required to show the consular officer that you plan to return to your home country. As situations can vary, the specific evidence you may be required to provide may differ.

Documents that prove property ownership, evidence of extended family ties, and memberships in various organizations are examples of documents that may substantiate your claim that you are returning to your home country after you've finished your education.

Employment while on a J-1 visa status as a physician

Under the US Code of Federal Regulations, J-1 visa holders who are physicians may not be allowed to have a second job in addition to their regular employment or work outside of their programs. You may receive compensation for work that you perform within your program as a curricular requirement. The work, however, usually has to fall within the scope of the program's curriculum. If you are participating in a program that does not include work, you may not be allowed to accept outside employment.

The two-year home-country residence requirement

Foreign national physicians who come to the US through the J-1 visa program for medical training or education are subject to the two-year home-country residence requirement, but there are some notable exceptions.

The two-year home-country residence requirement typically means that once your program of study is complete, you may be required to return to your home country for a minimum of two years before traveling to the US on a different visa type. You must either fulfill this requirement or obtain a waiver of the home-residency requirement before applying for an H or L nonimmigrant visa or permanent resident status.

If you came to the US to consult, research, observe, or teach, the two-year home-country residence requirement might not automatically apply. However, you may be subject to it if your home country's government or the US government were the ones providing financing for your visit. You may also be subject to the home residence requirement if your field of study appears on your home country's exchange visitor skills list. You can check the list for your home country on the US DOS website.

J-1 waiver of the home-country residence requirement for physicians

Waivers for the two-year home-country residence requirement for physicians who attend graduate education or training in the US may be available if you meet one of the following conditions:

· Your US or lawful permanent resident spouse or child would suffer exceptional hardship.

· You would be subjected to persecution based on your race, political opinion, or religion if you were forced to return to your home country.
· A US government agency requests a waiver for you because you are substantially and actively involved in an activity or program that is sponsored by or is of interest to the agency.
· A state's Department of Public Health or its equivalent requests a waiver on your behalf.

Suppose you receive a waiver based on the request of a state health department or government agency. In that case, you may be required to maintain full-time employment as a specialty employee for at least three years in a medically under-served area that has been designated as having a shortage of healthcare workers or in a facility for the Department of Veteran Affairs. Your employment must start within 90 days of the date you receive your waiver and be a minimum of 40 hours per week. Failure to comply with the waiver's requirements may subject you to the two-year residency requirement.

After completing the three years of employment, you may be eligible to obtain a change of status, such as an H-1B or a lawful permanent resident status.

What is a "medically underserved area"?

This is defined as an area with a shortage of healthcare experts and is usually in rural parts of the country. This may include sites with a shortage of mental health professionals or physicians.

Accepting the waiver typically means that the foreign national physician is ready to start work within 90 days of obtaining the waiver for 40 hours a week within the designated facility. The minimum length of employment for the potential candidate is three years.

Obtaining an IGA J-1 visa waiver

Foreign national physicians aren't the only ones eligible to request an Interested US Federal Government Agency (IGA) waiver. However, it may be one of the most common waivers for foreign physicians subject to the two-year home-country residence requirement.

Interested applicants eligible for the J-1 waiver IGA are typically foreign medical graduates who are willing to be employed in a medically underserved area. Among the terms of this waiver may include that the physician has been extended full-time work within a healthcare facility that's located in a medically underserved area.

The typical first step to obtaining an IGA J-1 visa waiver is to find a government agency that will sponsor you. It may not have to be the same agency you worked under your J-1 visa program. However, if the agency is different than the one through which your program was sponsored, you may need to reach out to it.

Most physicians usually obtain J-1 waivers by being sponsored by either a state Conrad 30 Waiver program or a federal agency.
You can complete Form DS-3035 through an online application available on the US DOS website.
After you complete the application, you may print it out in black and white ink together with the barcode. You may then mail the following five things:
1. The completed Form DS-3035 application
2. The application barcode
3. Copies of all DS-2019/IAP-66 forms ever issued to you
4. Two self-addressed, stamped envelopes
5. The application fee of $120
If an exchange visitor is represented by an attorney, a Notice of Entry of Appearance as Attorney or Representative (Form G-28) may also be submitted. In some cases, the attorney or authorized legal representative may be the one filing the form.

Support for getting an IGA J-1 waiver

Several factors may affect your application for an IGA J-1 waiver:

Role of Involvement

The more critical the role a foreign national physician plays in a project, the more likely the employer may support the waiver application, which may also encourage support from the IGA. This may be shown through ongoing contributions, breakthroughs in research, publications, patents, and more. In addition, strong recommendation letters may have a role in improving the interested applicant's chances.

Timeline

If the foreign national physician is deeply involved in a project and their return to the home country will have a detrimental effect on the project, this may also support the waiver request.

What is the Conrad 30 Waiver program?

This program allows J-1 physicians to apply for a waiver for the two-year home residency requirement upon completing the J-1 program to address the shortage of medical professionals in underserved areas.
Different rules and applications may apply to each state, although the general requirements typically remain the same.

According to the US Citizenship and Immigration Services (USCIS) website, the J-1 physician should:
· Agree to a full-time employment in H-1B nonimmigrant status at a designated health care facility
· Provide an employment contract pertaining to the full-time work
· Provide a "no objection" letter from the physician's home country if their home government funded the exchange program
· Start employment within 90 days of receiving the waiver

Suppose the foreign national physician is interested in a Conrad 30 Waiver program waiver. In that case, they may first obtain sponsorship from a state health department and complete the US DOS Form DS-3035, also known as the Visa Waiver Review Application.
The state public health department typically sends the waiver application that agrees to sponsor the J-1 physician. Then, this application is sent to the DOS Waiver Review Division (DOS-WRD) for a recommendation.

Where to send the waiver application
According to the US DOS website, you may use one of the following addresses to send your J-1 waiver application:
For postal service
Department of State J-1 Waiver
PO Box 979037
St. Louis, MO 63197-9000
For courier service
Department of State J-1 Waiver
PO Box 979037
St. Louis, MO 63101-1200

Supporting documents
After submitting the main application, other supporting documents may also be submitted by third-party organizations on your behalf. The specific documents and the third party who will submit them will depend on the basis on which you are requesting the waiver.
Below are the possible bases and their respective third parties:
Request by an IGA - the interested US federal government agency
Persecution - USCIS
Exceptional hardship to a lawful permanent resident or US citizen spouse or child - USCIS

Conrad State 30 Program - the designated State Public Health Department or its equivalent

You may also be required to submit some supplementary materials, including the following:
· Resume
· Signed statement that includes the date which will serve as a declaration and certification that you have obtained the cooperation of the agency that is submitting your request and that you do not have any pending requests to any other government agencies
· Letter of request from the head of the sponsoring agency about the importance of waiving the two-year home-country residence requirement
· Signed employment contract in which you agree to work for a minimum of three years for 40 hours per week in the designated health care facility
· Proof that the designated facility is qualified by the US Department of Health and Human Services (HHS)
The director of the facility may have to sign a declaration that the facility is in a medically underserved area. The letter usually states that medical care is delivered to uninsured patients and patients who receive Medicaid and Medicare. Additionally, the facility's statement may also contain some proof of its recruiting efforts to secure a qualified US citizen for the position. Finally, if you want to be represented by an attorney, you must submit Form G-28.

Third parties may send the supporting documents to:
Waiver Review Division US Department of State CA/VO/DO/W SA-17, Floor 11 Washington, DC 20522-1711
This address may not be used when first submitting the waiver application and processing fee.

After you have completed the steps and provided all the required documents, your case may be considered by the Waiver Review Division. You may check the status of your waiver application online.

How long do J-1 waiver processes take?
The processing time for a J-1 waiver request may vary depending on which you are applying for the waiver. Typical durations range anywhere from 1 month to 6 months, although there may be discrepancies from case to case.

Immigration options after completing the home-country residence requirement or obtaining a waiver

After obtaining a waiver or completing the home residency requirement, you may apply for an H-1B nonimmigrant visa or status as a lawful permanent resident. As a physician, you can apply to become a permanent resident of the US through the national interest waiver, the labor certification process, or as an alien of extraordinary ability. We break down how you transition from a J-1 to a Green Card in more detail https://www.novacredit.com/resources/is-it-possible-to-transition-from-a-j-1-to-a-green-card-in-the-us

- See more at: https://pips.partners.org/studying-and-working-with-partners-healthcare/J-1-ECFMG/default.aspx#sthash.4wuBCcEj.dpuf

H-1B Visa Requirements for Doctors and Physicians

Foreign medical graduates often desire to leave their country to further their careers in the United States. As a result, the H-1B is highly sought after by foreign professionals seeking employment in specialty occupations within the US. However, obtaining an H1-B visa for physicians comes with its own requirements. Because of the high demand for this visa class, having your application approved for an H-1B visa or getting an H-1B status is not always easy. However, having a thorough understanding of the visa requirements and heeding legal counsel can help you avoid common delays and pitfalls.

In the past, physicians have been using the J-1 visa to practice in the US. This option, however, came with a two-year foreign residency requirement after medical training that was often hard to fulfill. Under the Immigration and Nationality Act of 1990, medical professionals can apply for the H-1B visa for doctors to avoid the residency requirement.

US employers can legally hire qualified foreign professionals temporarily based on their acquired skills. However, to be eligible for the H-1B visa, the US employer and the potential employee must follow the USCIS conditions and regulations. The visa requirements ensure that the US employer and foreign professional comply with the Department of Labor standards.

An H-1B visa for doctors can be obtained by applicants who aim to:

- To teach or conduct research at a public or nonprofit private educational institution.
- To participate in a residency program.
- For employment for a U.S. company that complies with USCIS conditions and regulations as a physician or doctor

Application Process

The US Department of Labor sums up the H-1B application process in three steps:
1. Submit a **labor condition application (LCA)** to the Office of Foreign Labor Certification (OFLC).
2. Once the LCA has been certified by the OFLC, submit it to the USCIS along with the "Petition for Nonimmigrant Worker," **Form I-129**. While the petition includes some of the same information as the LCA, the USCIS reviews information on both documents to determine whether the job meets the requirements of a specialty occupation. It also decides whether the prospective H-1B worker meets the statutory requirements in that occupation. USCIS approval is provided by Form I-797.
3. Any foreign workers outside the US should go to the Department of State (DOS) to obtain a visa to work in the US with a specific employer for a designated calendar period. Suppose the foreign worker is already in the United States. In that case, USCIS provides the nonimmigrant an **I-797** approval notice which gives the individual the ability to work pursuant to the approved H-1B petition.
Once an employer obtains the certified LCA and the approved petition, the Wage and Hour Division (WHD) enforces the attestations within the LCA. This includes the material facts and labor condition statements.

H-1B Visa for Doctors and Physicians Requirements

- The position that you are seeking must be a specialty occupation by definition. Fortunately, medical professions qualify as specialty occupations.
- You must be paid at least the actual or prevailing wage for your occupation, defined by the Department of Labor's (DOL) regulations.
- The employer must file an H-1B petition on behalf of the doctor or physician. They must also work for the petitioning employer and follow the approved H-1B status terms. The doctor or physician may work part-time for more than one hospital if each hospital petitions the medical professional.
- Physicians and doctors must demonstrate that they've earned and possess a degree from an accredited medical school in the US or have a foreign degree equivalent to an MD degree in the US.
- Applicants must demonstrate competency in written and oral English examinations administered by the Educational Commission For Foreign Medical Graduates (ECFMG).
- You must have passed all three parts of the United States Medical Licensing Examination (USMLE).
- To get an H-1B visa for doctors, you must have an unrestricted state license that allows them to practice medicine in their given state or have the authorization to practice medicine. Every state has unique requirements regarding postgraduate medical training, educational requirements, and licensing requirements.
- In order to enter the US to participate in medical training programs, you must first obtain ECFMG certification.

You can also submit a wider variety of evidence to support the technical circumstances that prevent you from obtaining your license before your admittance to the country.
An example of this situation would be if you were planning on practicing in a state that required an approved visa before issuing a license. A letter from the state licensing board would be classified as evidence you could submit.

What Documents Are Required?

Having the proper documents completed and sent to the right places can be the difference between success and failure when applying for an H-1B visa for doctors. To apply, you will need:

- A copy of your diploma from medical school and your transcript and list of courses.
- A certificate from the Educational Commission for Foreign Medical Graduates (ECFMG)
- The passing results from either your USMLE or FLEX examinations.
- A copy of your valid passport
- A copy of or other evidence of your state medical license or permit.

Annual Cap

One of the disadvantages of the H-1B visa for doctors is that **you will most likely be subject to the annual lottery**. In past years, the USCIS has placed a cap on H-1B petition approvals, limiting the number of H-1B visas issued to 85,000 each year.
Initially, 20,000 petitions will be randomly selected from applicants with a master's degree or higher according to the advanced degree exemption. Any applicants that are not chosen in this initial selection will then be entered in the second lottery of 65,000. Last year, the USCIS received over 236,000 petitions, which means that the H-1B visa is a highly competitive route.
However, there are a few exceptions that will qualify you as exempt from this lottery:

- If you have already been counted against the lottery and wish to transfer your status to a different employer.
- If you are working for a nonprofit organization, institute of higher education, or state, local, or federal government research organization.

Duration of Stay

After fulfilling the requirements and application process for the H-1B visa for doctors, your H-1B will be approved or denied. If approved, your H-1B visa is generally granted initially for up to three years and can be extended to a maximum of six years.
It is important to note that you can travel freely in and out of the US with your H-1B visa being stamped into your passport. Your duration of stay amounts to the actual time you've spent in the US. If you travel abroad, you will be able to recapture any time spent outside the US to ensure that you receive your entire six-year stay.

If you wish to stay longer than six years, you can apply to become a lawful permanent resident while holding an H-1B visa. The H-1B is a nonimmigrant and **dual intent** visa that allows you to obtain a US green card and to remain in the US longer to continue to pursue your medical career.

Dependents of Physicians

Spouses and unmarried children under 21 can enter the US with the H-1B visa holder under the H4 dependent visa category. An H4 visa holder can live in the US as long as the H-1B visa holder continues to follow all guidelines and regulations along with H-1B visa requirements to remain in legal status.
Generally, H4 visa holders are not allowed to gain employment in the US. However, according to USCIS, there are some instances in which H4-dependent spouses can apply for employment authorization. Dependents may also attend school and perform daily tasks such as driving after obtaining a state driving license.

The USMLE Step 3

The USMLE step 3 is not required to apply for and start residency in the US. However, you are expected to complete this exam by December of your PGY2 year. But most IMGs elect to take this exam before starting residency as this could have two significant benefits.

1. The first and obvious benefit is that getting this exam out of the way will help you decrease stress during the internship year of residency, usually the most brutal year of your residency training. As you can imagine, having not to worry about reading ob/GYN or paeds while doing your IM residency is a huge bonus.
2. Completing step 3 is necessary to be eligible for an H1B visa. Therefore, non-US IMGs interested in getting an H1B visa instead of a J1 Visa should complete this exam before residency.

The Prometric for this exam is only available in the US.

Eligibility for Step 3

https://www.usmle.org/bulletin-information/eligibility
Eligibility requirements for Step 3 are:

- Passing scores on Step 1 and Step 2 CK, **AND**
- An MD degree or the DO degree from an LCME- or COCA-accredited US or Canadian medical school, **OR** the equivalent of the MD degree from a medical school outside the US and Canada that is listed in the *World Directory of Medical Schools* as meeting ECFMG eligibility requirements and obtain ECFMG Certification, **AND**

- Meet all other eligibility criteria as listed in the USMLE *Bulletin of Information*

The USMLE program recommends that, for Step 3 eligibility, applicants have completed, or be near completion of, at least one postgraduate training year in an accredited US graduate medical education program that meets state board licensing requirements.

If you have attempted a Step four or more times, including incomplete attempts, and have not passed, you cannot apply for any Step in the USMLE exam sequence. Attempts at the formerly administered Step 2 CS count toward the limit.

Overview

Step 3 is designed to assess the knowledge and skills of physicians who assume independent responsibility for providing general medical care to patients, emphasizing patient management in ambulatory settings. It is the **final examination** in the USMLE sequence leading to a license to practice medicine without supervision. The examination material is prepared by examination committees broadly representing the medical profession. The committees comprise recognized experts in their fields, including academic and non-academic practitioners and members of state medical licensing boards.

Step 3 content reflects a data-based model of generalist medical practice in the United States. The test items and cases reflect the clinical situations that a general, as-yet undifferentiated physician might encounter within a specific setting. Step 3 provides a final assessment of physicians assuming independent responsibility for delivering general medical care.

The Step 3 examination devotes attention to the importance of assessing the knowledge and skills of physicians who are assuming independent responsibility for providing general medical care to patients. The first day of the Step 3 examination is Foundations of Independent Practice (FIP), and the second day is called Advanced Clinical Medicine (ACM).

Exam Format

Step 3 consists of multiple-choice questions (MCQs) and computer-based case simulations.

Step 3 is a two-day examination. The first day of testing includes 232 multiple-choice items divided into six blocks of 38-39 items; 60 minutes are allotted for completion of each block of test items. There are approximately 7 hours in the test session on the first day, including 45 minutes of break time and a 5-minute optional tutorial. Note that the amount of time for breaks may be increased by finishing a block of test items or the optional tutorial before the allotted time expires.

There are approximately 9 hours in the test session on the second day. This day of testing includes a 5-minute optional tutorial followed by 180 multiple-choice items, divided into six blocks of 30 items; 45 minutes are allotted to complete each block of test items. The second day also includes a 7-minute CCS tutorial. This is followed by 13 case simulations, each of which is allotted a maximum of 10 or 20 minutes of real-time. A minimum of 45 minutes is available for break time. An optional survey at the end of the second day can be completed if time allows.

Day 1: Step 3 Foundations of Independent Practice (FIP)
This test day focuses on assessing knowledge of basic medical and scientific principles essential for effective health care. Content areas covered include:

- Application of foundational sciences.
- Understanding of biostatistics and epidemiology/population health and interpreting the medical literature.
- Application of social sciences, including communication and interpersonal skills, medical ethics, systems-based practice, and patient safety.

The test day also includes content assessing knowledge of diagnosis and management, mainly focused on knowledge of history and physical examination, diagnosis, and use of diagnostic studies. This test day consists solely of multiple-choice questions and includes some of the newer item formats, such as those based on scientific abstracts and pharmaceutical advertisements.

Day 2: Step 3 Advanced Clinical Medicine (ACM)
This test day focuses on assessing the ability to apply comprehensive knowledge of health and disease in the context of patient management and the evolving manifestation of disease over time. Content areas covered include assessment of knowledge of diagnosis and management, particularly focused on prognosis and outcome, health maintenance and screening, therapeutics, and medical decision making. Knowledge of history and physical examination, diagnosis, and diagnostic studies are also assessed. This test day includes multiple-choice questions and computer-based case simulations.
For more information regarding the content of the exam and to schedule, visit.
https://www.usmle.org/step-exams/step-3

Resources

Day 1 (Foundations of science)
· U world for step 3
· Randy Neil videos on YouTube for biostatistics

· FA step 1 (especially for microbiology and antimicrobials but also for biostatistics, ethics, immunology)
· Anki Dorian
· Bnb videos
· Amboss q bank for step 3

Day 2 (Advanced clinical medicine)
1st part: MCQ
· Uworld step 3
· Amboss step 3
· Anki Dorian
· Bnb videos
· Master the boards for step 3

2nd part- CCS cases (computer-based case simulations)
· https://ccscases.com/
· UWorld for step 3
· Crush CCS book

Self-assessment
· Uwsa 1 and uwsa 2
· Free 120 (actually has 137 questions)
· NBME forms 5 and 6

This is a comprehensive list of resources and one should not by any means use all of them. Instead, use what works best for you.
I recommend using UWORLD, first aid for step 1, Amboss, and CCS cases.com. uWSA 1 and 2 are enough to assess your performance before taking the exam.

Cost of USMLE step 3 exam
Exam: 895$
Uworld 3 months: 399$

Match stats

https://www.nrmp.org/match-data-analytics/residency-data-reports/

I've organized the match statistics like the following.

a. **What program directors want**
b. **General match stats (for all applicants)**
c. **IMG match stats**

A.What do program directors want?

https://www.nrmp.org/wp-content/uploads/2021/11/2021-PD-Survey-Report-for-WWW.pdf

In March 2021, the National Resident Matching Program (NRMP) surveyed directors of all programs participating in the Main Residency Match®.
The survey was issued to program directors who certified a rank order list for the 2021 Main Residency Match.
the following data is taken from the survey

Program directors on deciding who to interview

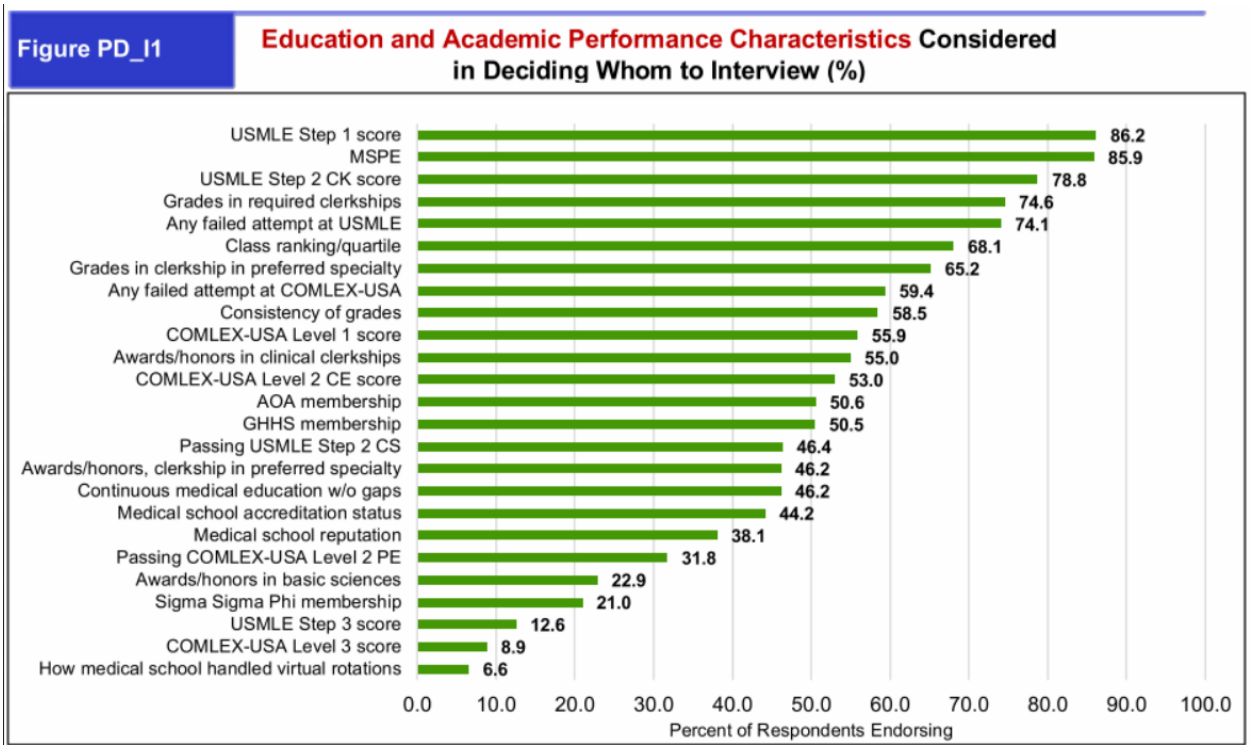
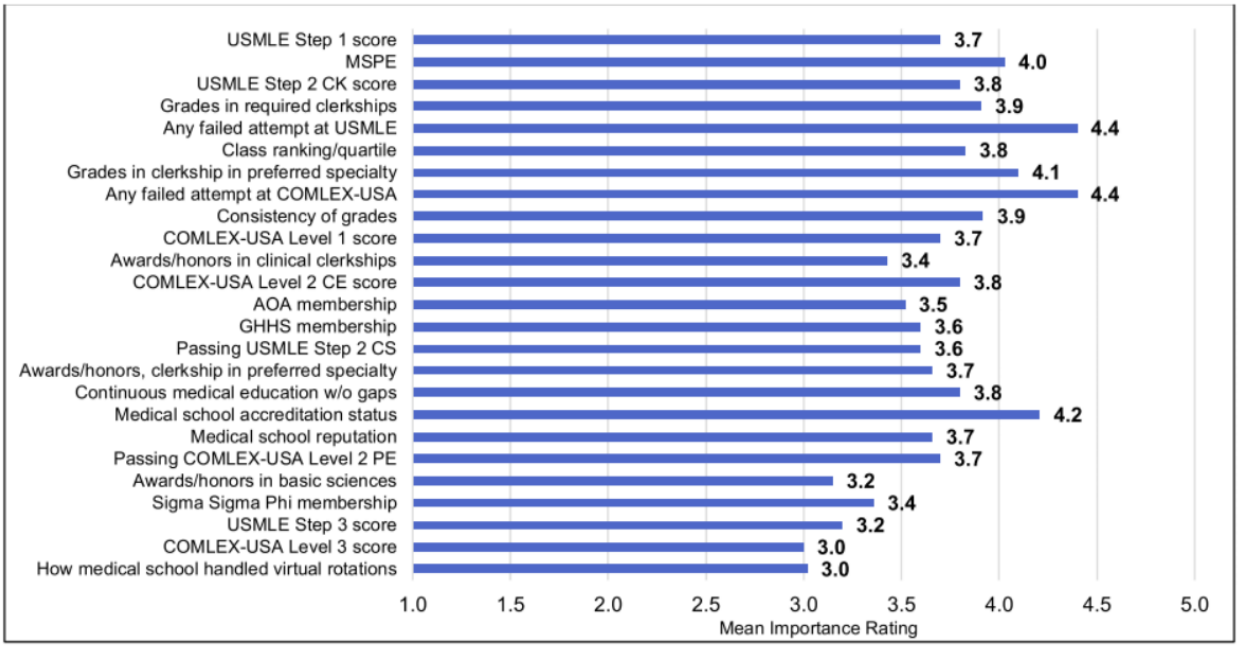


Figure PD_I2

Mean Importance of Education and Academic Performance Characteristics Considered in Deciding Whom to Interview[1]



[1] Rated on a scale of 1 (not at all important) to 5 (very important)

Figure PD_I3

Personal Characteristics and Other Knowledge of Applicants Considered in Deciding Whom to Interview (%)

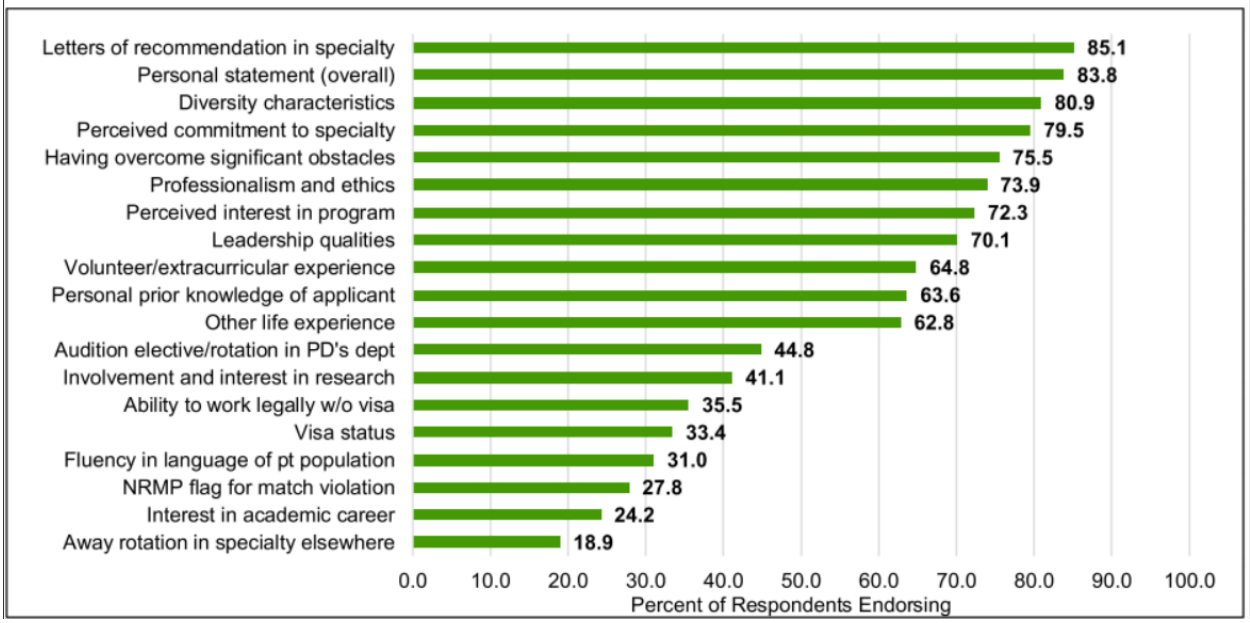
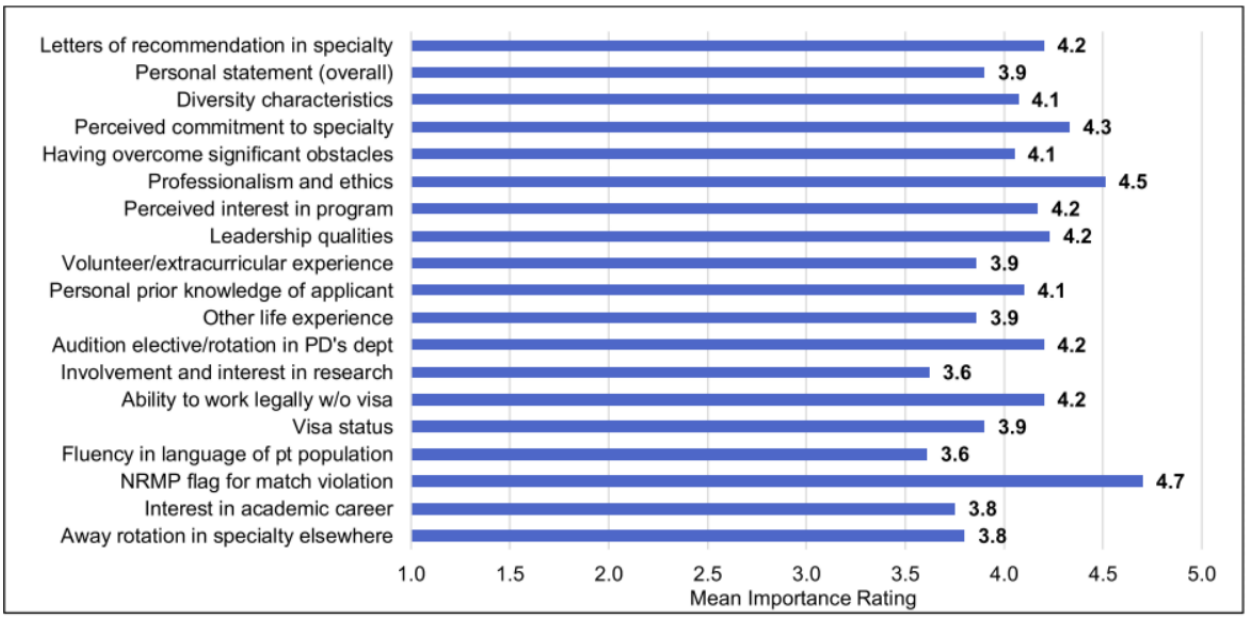


Figure PD_I4 **Mean Importance of Personal Characteristics and Other Knowledge of Applicants Considered in Deciding Whom to Interview[1]**



[1] Rated on a scale of 1 (not at all important) to 5 (very important)

Program directors on deciding whom to rank

Figure PD_R1 Education and Academic Performance Characteristics Considered in Deciding Whom to Rank (%)

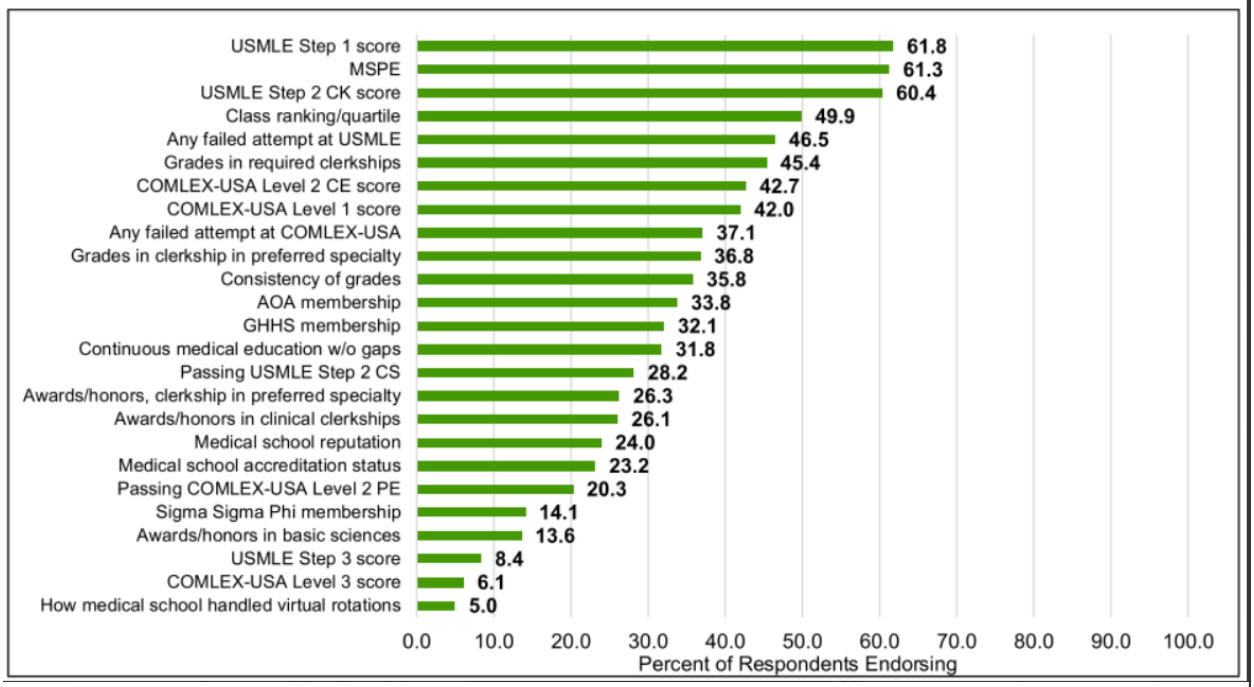


Figure PD_R2 Mean Importance of Education and Academic Performance Characteristics Considered in Deciding Whom to Rank[1]

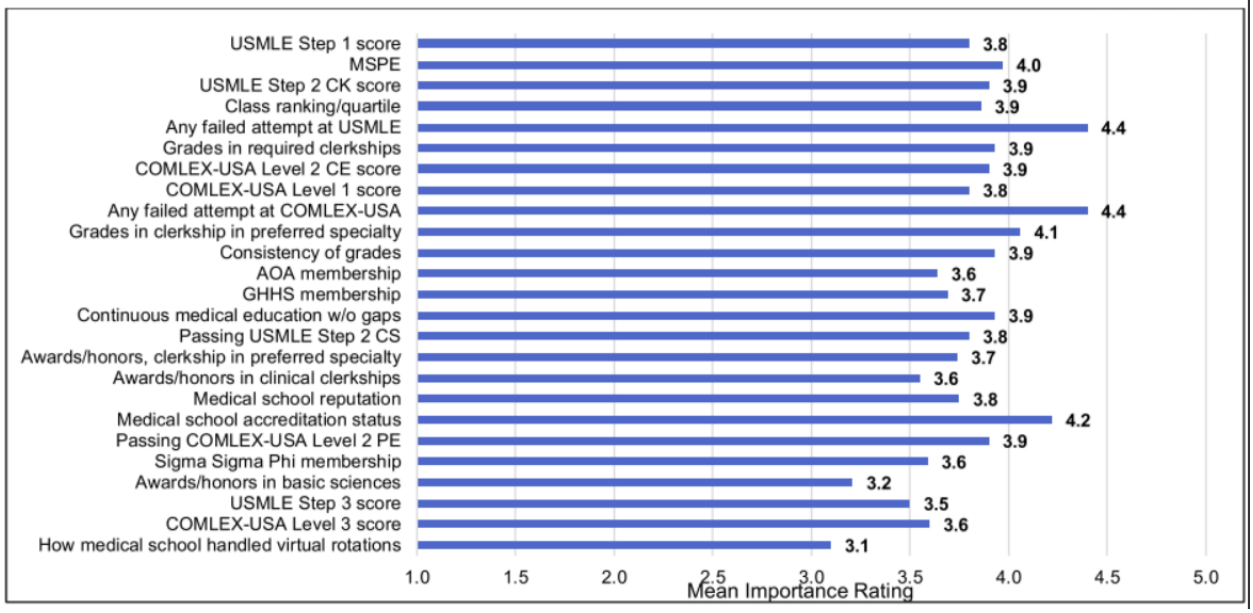


Figure PD_R3 Personal Characteristics and Other Knowledge of Applicants Considered in Deciding Whom to Rank (%)

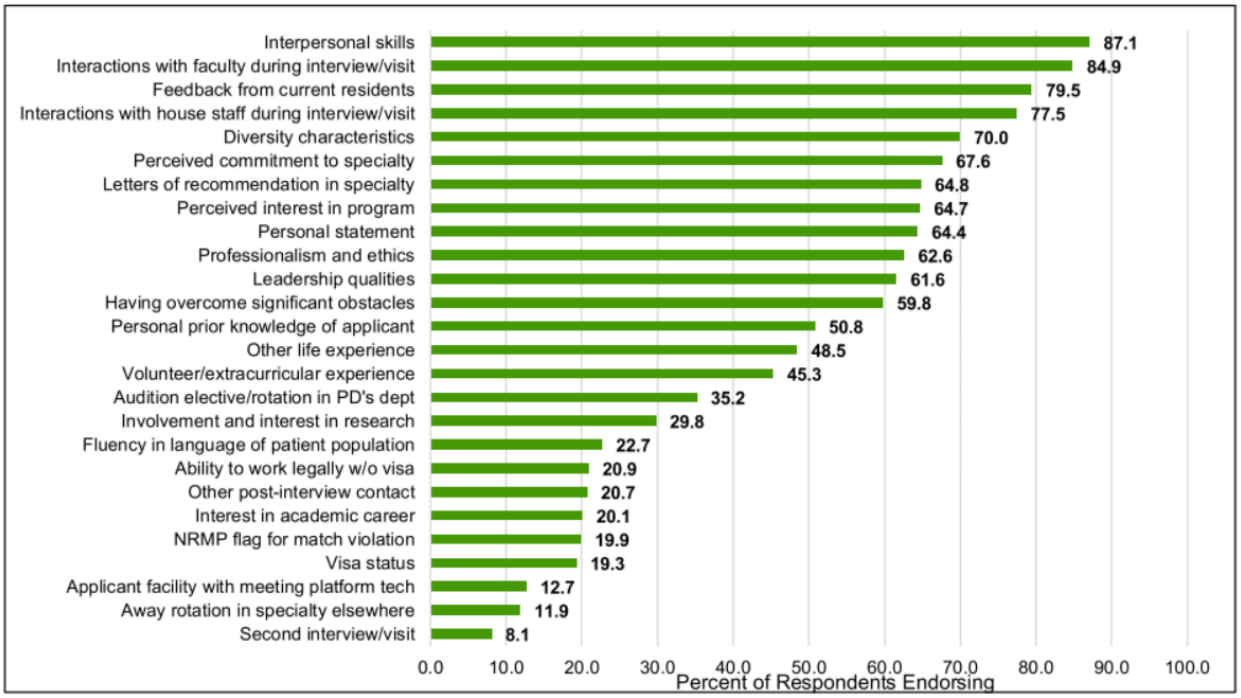
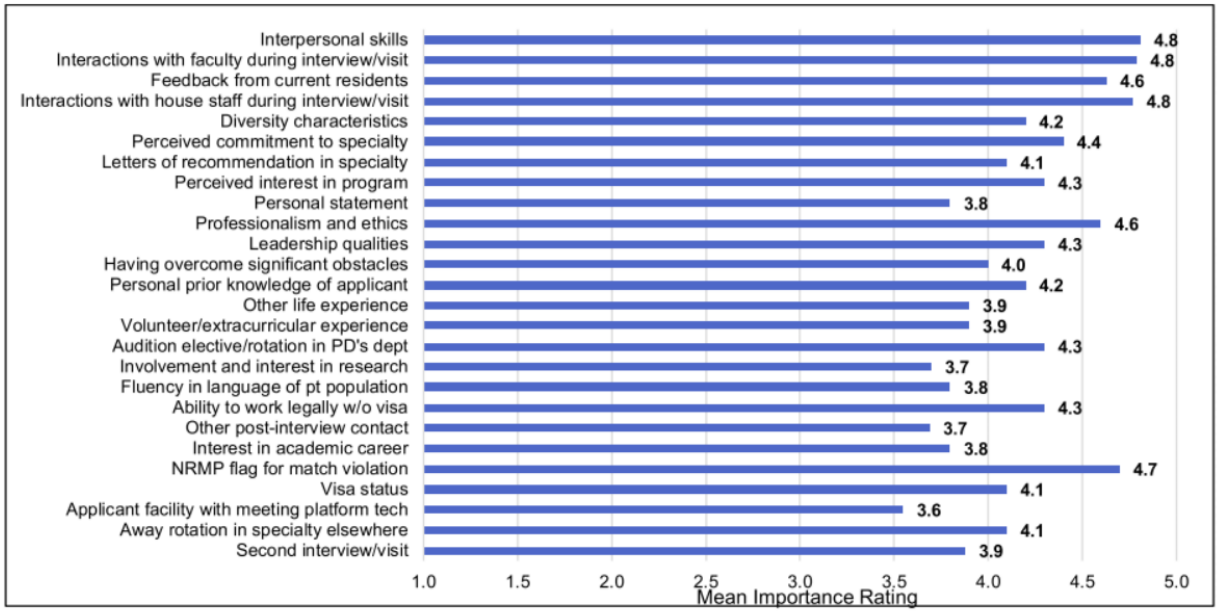


Figure PD_R4 Mean Importance of Personal Characteristics and Other Knowledge of Applicants Considered in Deciding Whom to Rank[1]



[1] Rated on a scale of 1 (not at all important) to 5 (very important)

B. General Match stats (for all applicants)

https://www.nrmp.org/match-data-analytics/residency-data-reports/

How Many Residency Positions Are There? How Many Spots Fill?

Table 2 Matches by Specialty and Applicant Type, 2022

Specialty	Number of Positions	Number Filled	MD Senior	MD Grad	DO Senior	DO Grad	Others	U.S. IMG	Non-U.S. IMG	Number Unfilled
PGY- 1 Positions										
Anesthesiology	1,509	1,508	1,054	53	263	20	0	57	61	1
Child Neurology	166	150	102	1	15	1	1	8	22	16
Dermatology	30	28	24	0	3	0	0	0	1	2
Emergency Medicine	2,921	2,702	1,593	75	753	59	1	176	45	219
Emergency Med-Anesthesiology	2	2	1	0	1	0	0	0	0	0
Emergency Med-Family Med	7	7	4	0	1	0	0	1	1	0
Family Medicine	4,916	4,451	1,541	87	1,494	94	1	777	457	465
Family Med-Preventive Med	2	2	0	0	1	0	0	1	0	0
Internal Medicine (Categorical)	9,380	8,915	3,491	164	1,602	85	5	1,133	2,435	465
Medicine-Anesthesiology	3	3	2	0	0	0	0	0	1	0
Medicine-Dermatology	8	8	7	0	1	0	0	0	0	0
Medicine-Emergency Med	31	31	22	0	9	0	0	0	0	0
Medicine-Medical Genetics	5	3	3	0	0	0	0	0	0	2
Medicine-Pediatrics	392	392	332	2	39	0	0	9	10	0
Medicine-Preliminary (PGY-1 Only)	1,774	1,624	1,261	15	151	6	0	63	128	150
Medicine-Preventive Med	8	8	5	0	0	0	0	1	2	0
Medicine-Primary	429	424	248	3	33	1	0	29	110	5
Medicine-Psychiatry	24	24	20	0	3	0	0	1	0	0
Interventional Radiology (Integrated)	45	45	37	1	3	1	0	1	2	0
Neurodevelopmental Disabilities	5	5	3	0	2	0	0	0	0	0
Neurological Surgery	240	240	202	11	9	0	0	2	16	0
Neurology	772	761	393	6	132	3	0	64	163	11
Obstetrics-Gynecology	1,503	1,499	1,106	56	242	12	1	42	40	4
OB/GYN-Preliminary (PGY-1 Only)	18	9	4	1	1	0	0	1	2	9
Orthopedic Surgery	875	875	705	36	111	4	0	8	11	0
Osteo Neuromusculoskeletal Med	16	13	0	0	10	3	0	0	0	3
Otolaryngology	361	361	316	19	21	1	0	2	2	0
Pathology	631	619	231	29	76	9	0	62	212	12
Pediatrics (Categorical)	2,942	2,861	1,661	36	580	10	0	224	350	81
Pediatrics-Anesthesiology	6	6	6	0	0	0	0	0	0	0
Pediatrics-Emergency Med	9	9	6	0	3	0	0	0	0	0
Pediatrics-Medical Genetics	30	28	18	0	1	0	0	3	6	2
Pediatrics-P M & R	3	3	3	0	0	0	0	0	0	0
Pediatrics-Preliminary	23	21	16	0	3	0	0	0	2	2
Pediatrics-Primary	74	73	31	1	9	0	0	7	25	1
Peds/Psych/Child Psych	21	21	20	0	1	0	0	0	0	0
Physical Medicine & Rehab	180	180	104	4	55	1	0	8	8	0
Plastic Surgery (Integrated)	194	194	173	9	0	1	0	4	7	0
Psychiatry	2,047	2,030	1,253	45	387	24	0	188	133	17
Psychiatry-Family Medicine	10	10	10	0	0	0	0	0	0	0
Psychiatry-Neurology	4	3	2	0	1	0	0	0	0	1
Radiation Oncology	10	9	7	0	1	0	0	0	1	1
Radiology-Diagnostic	132	132	73	3	41	2	0	3	10	0
Surgery (Categorical)	1,622	1,619	1,059	156	212	30	1	80	81	3
Surgery-Preliminary (PGY-1 Only)	1,150	632	304	26	56	10	1	68	167	518
Thoracic Surgery	47	47	41	0	1	0	0	2	3	0
Transitional (PGY-1 Only)	1,616	1,404	920	17	338	5	0	73	51	212
Vascular Surgery	84	84	72	3	1	1	0	1	6	0
Total PGY-1	**36,277**	**34,075**	**18,486**	**859**	**6,666**	**383**	**11**	**3,099**	**4,571**	**2,202**

Table 2 Matches by Specialty and Applicant Type, 2022 (Continued)

Specialty	Number of Positions	Number Filled	MD Senior	MD Grad	DO Senior	DO Grad	Others	U.S. IMG	Non-U.S. IMG	Number Unfilled
PGY- 2 Positions										
Anesthesiology	346	346	232	23	53	7	0	23	8	0
Child Neurology	7	7	2	1	3	1	0	0	0	0
Dermatology	492	489	408	27	38	5	0	5	6	3
Interventional Radiology (Integrated)	123	123	99	3	18	0	0	1	2	0
Neurodevelopmental Disabilities	3	3	3	0	0	0	0	0	0	0
Neurology	233	232	165	1	23	0	0	9	34	1
Nuclear Medicine	1	0	0	0	0	0	0	0	0	1
Osteo Neuromusculoskeletal Med	2	2	0	0	2	0	0	0	0	0
Physical Medicine & Rehab	338	336	172	7	127	15	0	8	7	2
Radiation Oncology	166	134	97	8	7	0	0	9	13	32
Radiology-Diagnostic	997	996	713	53	132	7	0	32	59	1
Radiology-Nuclear Med	3	3	2	0	1	0	0	0	0	0
Total PGY-2	**2,711**	**2,671**	**1,893**	**123**	**404**	**35**	**0**	**87**	**129**	**40**
Physician (R) Positions										
Anesthesiology	114	108	0	83	0	13	0	7	5	6
Child Neurology	15	8	0	3	0	2	0	1	2	7
Dermatology	22	21	0	10	0	6	0	4	1	1
Interventional Radiology (Integrated)	1	1	0	1	0	0	0	0	0	0
Neurodevelopmental Disabilities	1	1	0	0	0	0	0	1	0	0
Neurology	9	9	0	4	0	2	0	0	3	0
Osteo Neuromusculoskeletal Med	6	4	0	0	0	3	0	1	0	2
Physical Medicine & Rehab	14	13	0	5	0	6	0	1	1	1
Radiation Oncology	9	6	0	3	0	1	0	2	0	3
Radiology-Diagnostic	26	26	0	19	0	5	0	0	2	0
Total Physician (R)	**217**	**197**	**0**	**128**	**0**	**38**	**0**	**17**	**14**	**20**
GRAND TOTAL	**39,205**	**36,943**	**20,379**	**1,110**	**7,070**	**456**	**11**	**3,203**	**4,714**	**2,262**

One way to look at the data is to see how many spots are filled.

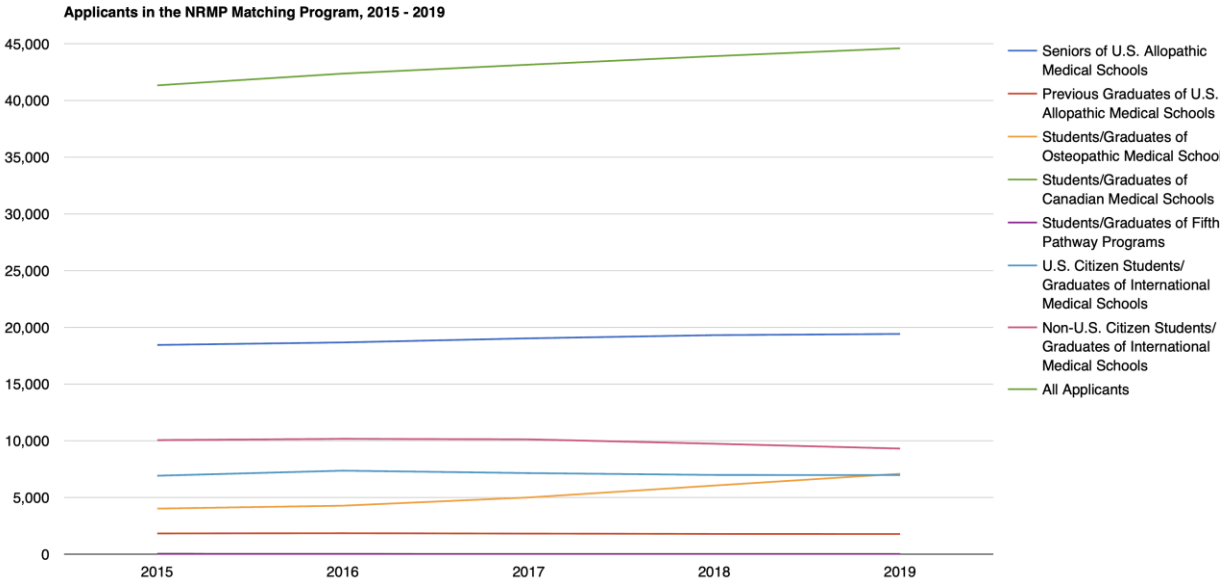
- The overall position fill rate for the 2022 Match was 94.2 percent.
- 2,262 of the 39,205 positions were unfilled. The unfilled positions were offered during the Supplemental Offer and Acceptance Program (SOAP). (AKA “Scramble”; see more below).
- the PGY-1 match rate for U.S. citizen IMGs rose 1.9 percentage points to 61.4%. For non-U.S. citizen IMGs, the match rate increased 3.3 percentage points to 58.1%.

US M.D. vs. D.O. vs. IMG: How Each Group Fared

One way to break down The Match data is to look at the different applicant types.

	2022 Applicants	2021 Applicants	2020 Applicants	2019 Applicants	2018 Applicants
All Applicants	47,675	48,700	44,959	44,603	43,909
Non-U.S. Citizen Students/Graduates of International Medical Schools	NA	10,718	8,956	9,310	9,738
Previous Graduates of U.S. Allopathic Medical Schools	NA	1,976	1,785	1,779	1,788
Seniors of U.S. Allopathic Medical Schools	19,902	20,475	19,781	19,417	19,312
Students/Graduates of Canadian Medical Schools	NA	31	19	29	27
Students/Graduates of Fifth Pathway Programs				3	4
Students/Graduates of Osteopathic Medical Schools	7,303	7332	6811	7,090	6,054
U.S. Citizen Students/Graduates of International Medical Schools	NA	7,417	6,893	6,975	6,986

And the same data graphed:


Applicants in the NRMP Matching Program, 2015 - 2019
45,000
40,000
35,000
30,000
25,000
20,000
15,000
10,000
5,000
0
2015
2016
2017
2018
2019
Seniors of U.S. Allopathic Medical Schools
Previous Graduates of U.S. Allopathic Medical Schools
Students/Graduates of Osteopathic Medical Schoo
Students/Graduates of Canadian Medical Schools
Students/Graduates of Fifth Pathway Programs
U.S. Citizen Students/ Graduates of International Medical Schools
Non-U.S. Citizen Students/ Graduates of International Medical Schools
All Applicants

What Are the Chances of Matching if You're a US Grad, IMG, or D.O.?

As an applicant, you probably don't care much about how many spots are filled. Instead, you care about your chances of matching in any specialty!
For example, let's say you were a non-US IMG. If so, you'd want to see how many non-US IMGs didn't match?

Year	U.S Seniors	U.S. IMGs	Non-U.S. IMGs	Osteo seniors	Others	All Applicants
2010	93.3%	47.3%	39.8%	70.6%	45.9%	71.2%
2011	94.1%	50.0%	40.9%	71.7%	44.3%	73.2%
2012	95.1%	49.1%	40.6%	74.7%	42.5%	73.1%
2013		52.8%	47.0%	75.4%	40.9%	73.5%
2014	94.4%	53.0%	49.5%	77.7%	47.7%	75.0%
2015	93.7%	53.1%	49.4%	79.3%	43.8%	75.2%
2016	93.8%	53.9%	50.5%	80.3%	48.9%	75.6%
2017	94.3%	54.8%	52.4%	81.7%	44.9%	77.0%
2018	94.3%	57.1%	56.1%	84.9%	43.3%	78.3%
2019	93.9%	59.0%	58.6%	88.1%	46.3%	79.6%
2020	93.7%	61.0%	61.1%	90.7%	45.7%	80.8%
2021	92.8%	59.4%	54.8%	89.1%	47.0%	78.5%
2022	92.9%	61.4%	58.1%	91.3%	51.5%	80.1%

Table 4 Applicants in the Matching Program, 2018 - 2022

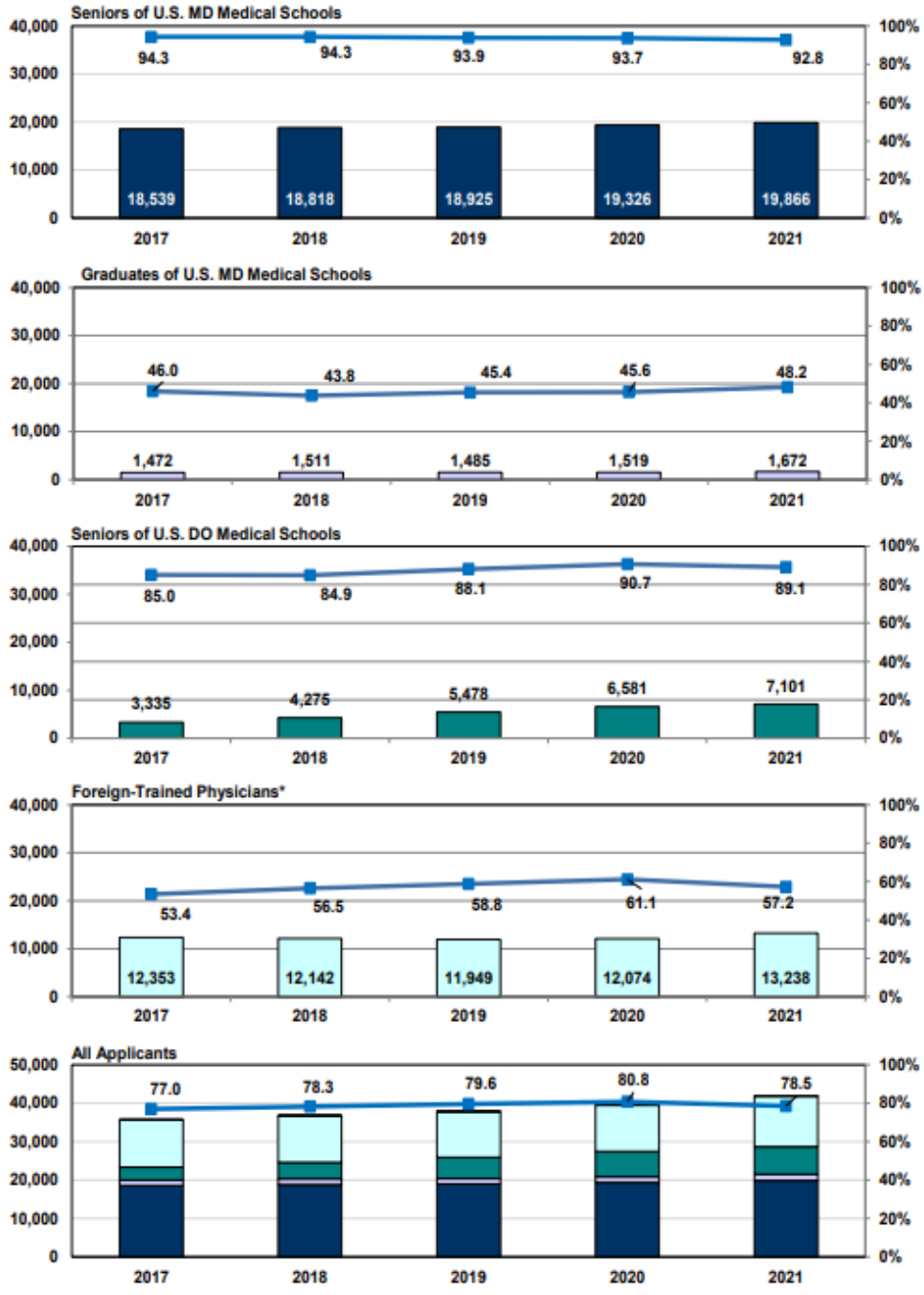
Applicant	2022 No.	2022 %	2021 No.	2021 %	2020 No.	2020 %	2019 No.	2019 %	2018 No.	2018 %
Seniors of U.S. MD Medical Schools										
Active Applicants*	19,902	100	19,866	100	19,326	100	18,925	100	18,818	100
Matched PGY-1	18,486	92.9	18,435	92.8	18,108	93.7	17,763	93.9	17,740	94.3
Unmatched PGY-1	1,416	7.1	1,431	7.2	1,218	6.3	1,162	6.1	1,078	5.7
Withdrew	513	2.5	526	2.6	376	1.9	414	2.1	428	2.2
No Rank List	138	0.7	83	0.4	79	0.4	78	0.4	66	0.3
Total	**20,553**	**100**	**20,475**	**100**	**19,781**	**100**	**19,417**	**100**	**19,312**	**100**
Graduates of U.S. MD Medical Schools										
Active Applicants*	1,700	100	1,672	100	1,519	100	1,485	100	1,511	100
Matched PGY-1	859	50.5	806	48.2	693	45.6	674	45.4	662	43.8
Unmatched PGY-1	841	49.5	866	51.8	826	54.4	811	54.6	849	56.2
Withdrew	118	5.9	107	5.4	79	4.4	93	5.2	85	4.8
No Rank List	175	8.8	197	10.0	187	10.5	201	11.3	192	10.7
Total	**1,993**	**100**	**1,976**	**100**	**1,785**	**100**	**1,779**	**100**	**1,788**	**100**
Seniors of U.S. DO Medical Schools										
▲Active Applicants*	7,303	100	7,101	100	6,581	100	5,478	100	4,275	100
Matched PGY-1	6,666	91.3	6,327	89.1	5,968	90.7	4,825	88.1	3,630	84.9
Unmatched PGY-1	637	8.7	774	10.9	613	9.3	653	11.9	645	15.1
Withdrew	199	2.6	181	2.5	180	2.6	812	12.8	1,128	20.4
No Rank List	64	0.8	50	0.7	50	0.7	76	1.2	132	2.4
Total	**7,566**	**100**	**7,332**	**100**	**6,811**	**100**	**6,366**	**100**	**5,535**	**100**
Graduates of U.S. DO Medical Schools										
▲Active Applicants*	714	100	609	100	573	100	523	100	342	100
Matched PGY-1	383	53.6	270	44.3	247	43.1	251	48.0	141	41.2
Unmatched PGY-1	331	46.4	339	55.7	326	56.9	272	52.0	201	58.8
Withdrew	53	6.3	27	3.6	39	5.5	108	14.9	99	19.1
No Rank List	69	8.3	115	15.3	102	14.3	93	12.8	78	15.0
Total	**836**	**100**	**751**	**100**	**714**	**100**	**724**	**100**	**519**	**100**
U.S. Citizen Students/Graduates of International Medical Schools										
Active Applicants*	5,048	100	5,295	100	5,167	100	5,080	100	5,075	100
Matched PGY-1	3,099	61.4	3,152	59.5	3,154	61.0	2,997	59.0	2,900	57.1
Unmatched PGY-1	1,949	38.6	2,143	40.5	2,013	39.0	2,083	41.0	2,175	42.9
Withdrew	549	8.3	711	9.6	570	8.3	540	7.7	569	8.1
No Rank List	1,011	15.3	1,411	19.0	1,156	16.8	1,355	19.4	1,342	19.2
Total	**6,608**	**100**	**7,417**	**100**	**6,893**	**100**	**6,975**	**100**	**6,986**	**100**
Non-U.S. Citizen Students/Graduates of International Medical Schools										
Active Applicants*	7,864	100	7,943	100	6,907	100	6,869	100	7,067	100
Matched PGY-1	4,571	58.1	4,356	54.8	4,222	61.1	4,028	58.6	3,962	56.1
Unmatched PGY-1	3,293	41.9	3,587	45.2	2,685	38.9	2,841	41.4	3,105	43.9
Withdrew	634	6.3	749	7.0	680	7.6	740	7.9	805	8.3
No Rank List	1,596	15.8	2,026	18.9	1,369	15.3	1,701	18.3	1,866	19.2
Total	**10,094**	**100**	**10,718**	**100**	**8,956**	**100**	**9,310**	**100**	**9,738**	**100**
Students/Graduates of Canadian Medical Schools and Fifth Pathway Programs										
▲Active Applicants*	18	100	22	100	11	100	16	100	15	100
Matched PGY-1	11	61.1	7	31.8	7	63.6	12	75.0	5	33.3
Unmatched PGY-1	7	38.9	15	68.2	4	36.4	4	25.0	10	66.7
Withdrew	2	8.0	2	6.5	4	21.1	11	34.4	7	22.6
No Rank List	5	20.0	7	22.6	4	21.1	5	15.6	9	29.0
Total	**25**	**100**	**31**	**100**	**19**	**100**	**32**	**100**	**31**	**100**
All Applicants										
Active Applicants*	42,549	100	42,508	100	40,084	100	38,376	100	37,103	100
Matched PGY-1	34,075	80.1	33,353	78.5	32,399	80.8	30,550	79.6	29,040	78.3
Unmatched PGY-1	8,474	19.9	9,155	21.5	7,685	19.2	7,826	20.4	8,063	21.7
Withdrew	2,068	4.3	2,303	4.7	1,928	4.3	2,718	6.1	3,121	7.1
No Rank List	3,058	6.4	3,889	8.0	2,947	6.6	3,509	7.9	3,685	8.4
Total	**47,675**	**100**	**48,700**	**100**	**44,959**	**100**	**44,603**	**100**	**43,909**	**100**

▲ Denotes that the percentage increase in active applicants for this group was greater than the overall increase of 14.7% for all active applicants between 2018 and 2022.

* Applicants who submitted a certified rank order list of programs

Note: Match rates are based on all active applicants regardless of their ranking behavior. Therefore, applicants who matched to PGY-1 positions are counted as matched even if they ranked and did not match to a PGY-2 position. Applicants who ranked only advanced and physician (R) programs are counted as unmatched in this table because they

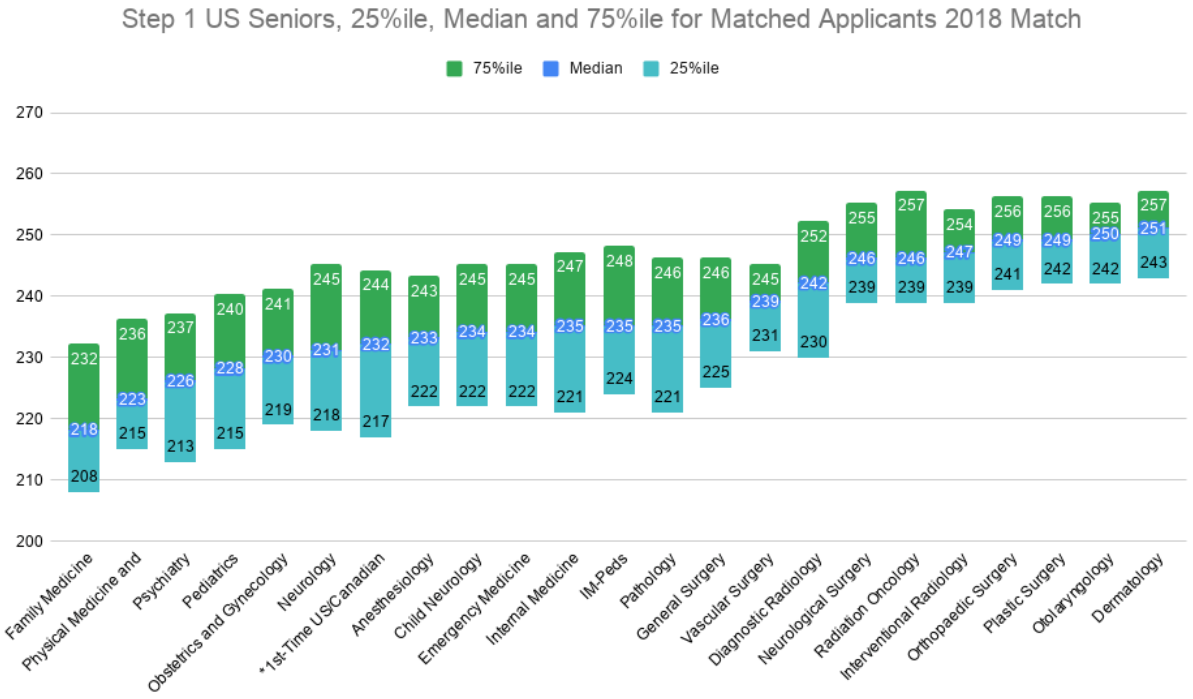
Figure 2 Number of Active Applicants and Percent Matched to PGY-1 Positions, 2017- 2021



*Foreign-trained physicians includes both U.S. citizen and non-U.S. citizen graduates of international medical schools.

Which Specialties Were the Most Competitive?

The Match can be highly competitive, depending on the program you are interested in. However, as discussed previously, applicants to the most competitive fields have pristine applications. For example, here are the median, 25%ile, and 75%ile Step 1 scores for matched 2019 US Seniors in each specialty.



Step 1 US Seniors, 25%ile, Median and 75%ile for Matched Applicants 2018 Match

Mean step 1 and step 2ck score of IMG applicants who matched and did not match

Chart 6

USMLE Step 1 Scores of International Medical Graduates
by Preferred Specialty, Match Status, and IMG Applicant Type

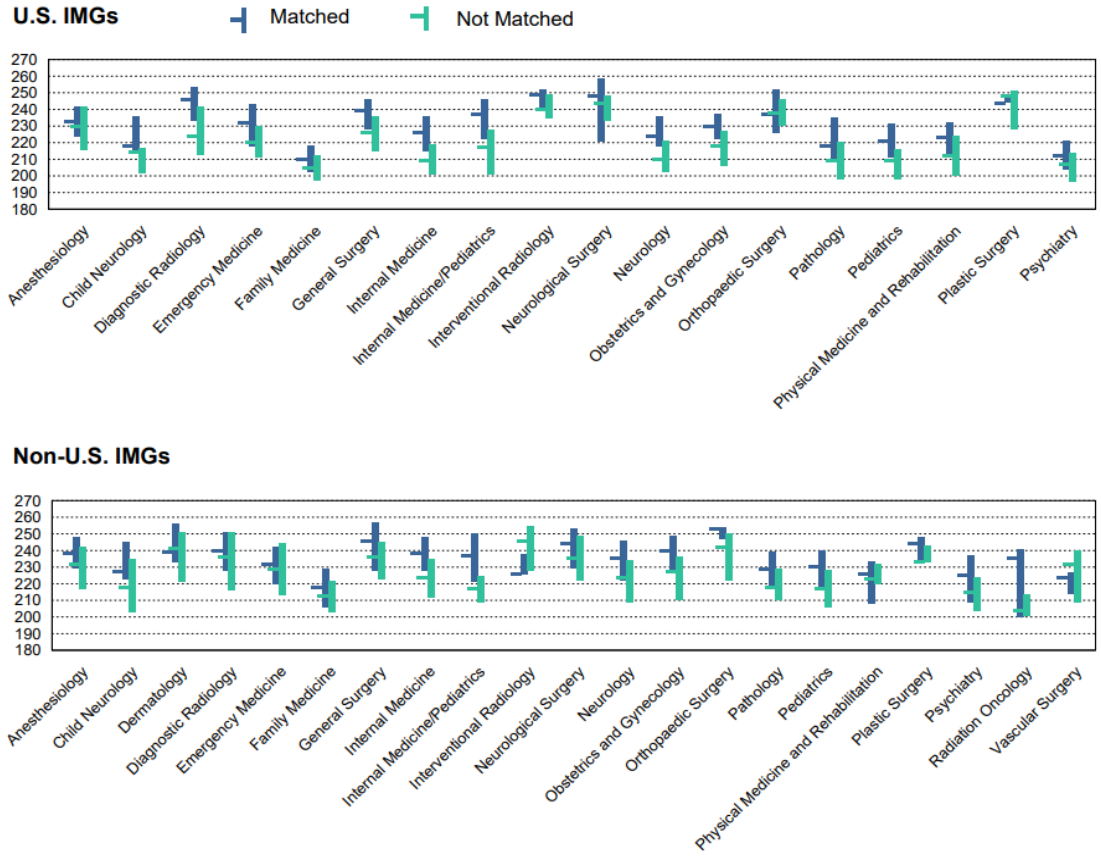
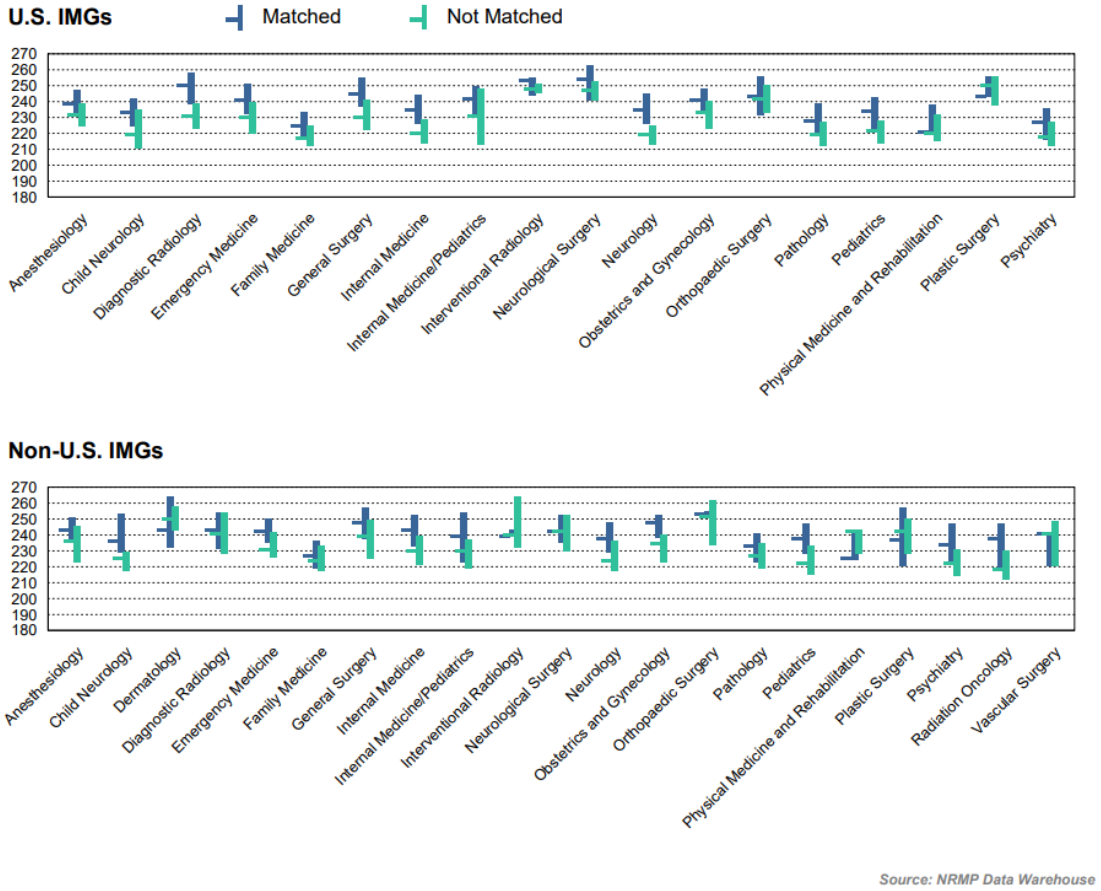


Chart 7 **USMLE Step 2 CK Scores of International Medical Graduates**
by Preferred Specialty, Match Status, and IMG Applicant Type



Source: NRMP Data Warehouse

Because of this, many people interested in the most competitive programs apply for a "back-up." So, for example, if I were interested in orthopedic surgery, I might also apply to a less-competitive specialty.

Many people, however, apply to only a single specialty. For those people, we can use matching rates as one measure of a specialty's competitiveness.

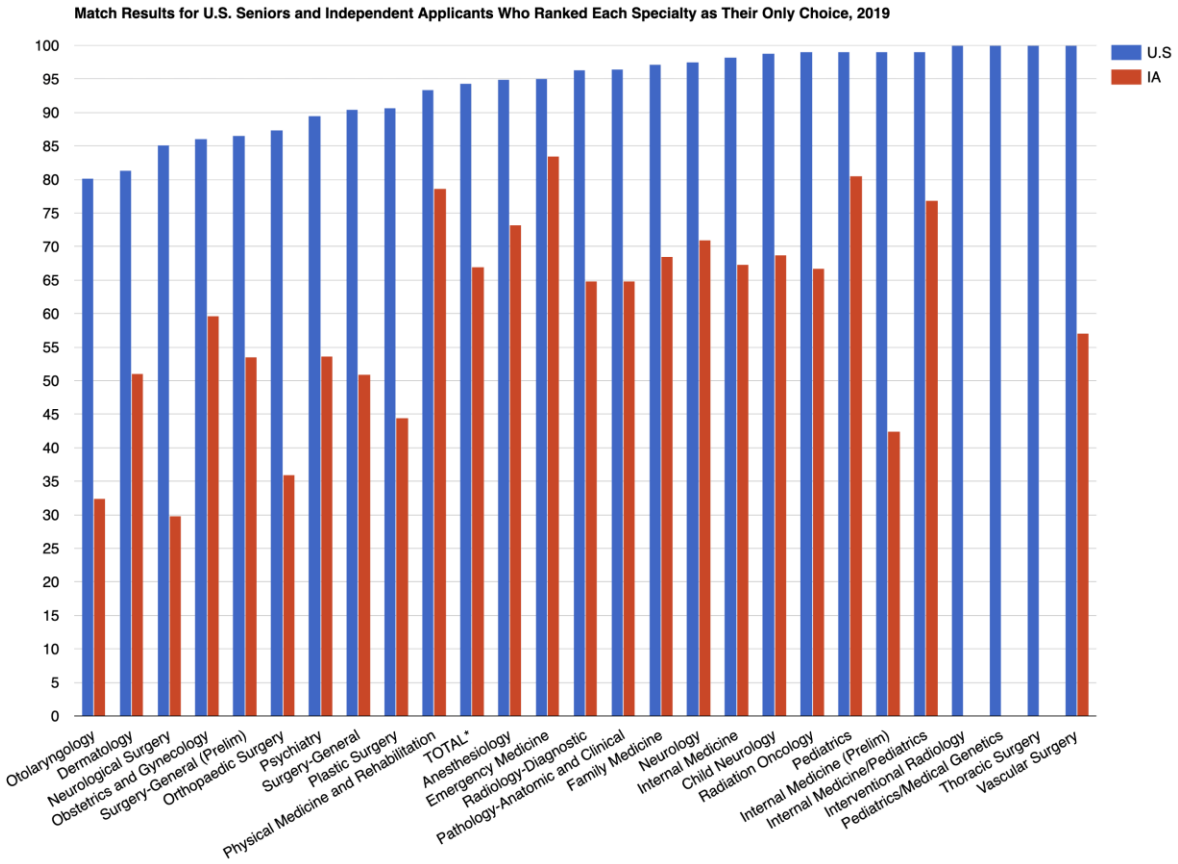
Here are the Match results for U.S. Seniors and Independent Applicants who ranked each specialty as their only choice. *Note: the TOTAL row includes all positions in all specialties.

For reference, IA refers to independent applicants which consists of both US and non-US IMGs and Dos.

The following table is data taken from the 2019 NRMP match.

	US Matched	US Total	IA Matched	IA Total	US Matched %	IA Matched %
Anesthesiology	951	1,002	446	609	94.9%	73.2%
Child Neurology	83	84	22	32	98.8%	68.8%
Dermatology	79	97	70	137	81.4%	51.1%
Emergency Medicine	1,485	1,562	661	792	95.1%	83.5%
Family Medicine	1,433	1,475	1,512	2,206	97.2%	68.5%
Internal Medicine	3,351	3,414	3,324	4,938	98.2%	67.3%
Internal Medicine (Prelim)	115	116	25	59	99.1%	42.4%
Internal Medicine/Pediatrics	232	234	20	26	99.1%	76.9%
Interventional Radiology	3	3	0	2	100.0%	0.0%
Neurological Surgery	206	242	14	47	85.1%	29.8%
Neurology	394	404	242	341	97.5%	71.0%
Obstetrics and Gynecology	865	1,005	253	424	86.1%	59.7%
Orthopaedic Surgery	661	756	41	114	87.4%	36.0%
Otolaryngology	292	364	11	34	80.2%	32.4%

	US Matched	US Total	IA Matched	IA Total	US Matched %	IA Matched %
Pathology-Anatomic and Clinical	194	201	294	453	96.5%	64.9%
Pediatrics	1,650	1,665	837	1,038	99.1%	80.6%
Pediatrics/Medical Genetics	2	2	0	2	100.0%	0.0%
Physical Medicine and Rehabilitation	141	151	136	173	93.4%	78.6%
Plastic Surgery	127	140	8	18	90.7%	44.4%
Psychiatry	946	1,057	502	936	89.5%	53.6%
Radiation Oncology	99	100	6	9	99.0%	66.7%
Radiology-Diagnostic	414	430	162	250	96.3%	64.8%
Surgery-General	832	920	212	416	90.4%	51.0%
Surgery-General (Prelim)	45	52	53	99	86.5%	53.5%
Thoracic Surgery	1	1	0	7	100.0%	0.0%
Vascular Surgery	31	31	4	7	100.0%	57.1%
TOTAL*	14,654	15,535	8,891	13,261	94.3%	67.0%


Match Results for U.S. Seniors and Independent Applicants Who Ranked Each Specialty as Their Only Choice, 2019
U.S
IA
100
95
90
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0
Otolaryngology
Dermatology
Neurological Surgery
Obstetrics and Gynecology
Surgery-General (Prelim)
Orthopaedic Surgery
Psychiatry
Surgery-General
Plastic Surgery
Physical Medicine and Rehabilitation
TOTAL*
Anesthesiology
Emergency Medicine
Radiology-Diagnostic
Pathology-Anatomic and Clinical
Family Medicine
Neurology
Internal Medicine
Child Neurology
Radiation Oncology
Pediatrics
Internal Medicine (Prelim)
Internal Medicine/Pediatrics
Interventional Radiology
Pediatrics/Medical Genetics
Thoracic Surgery
Vascular Surgery

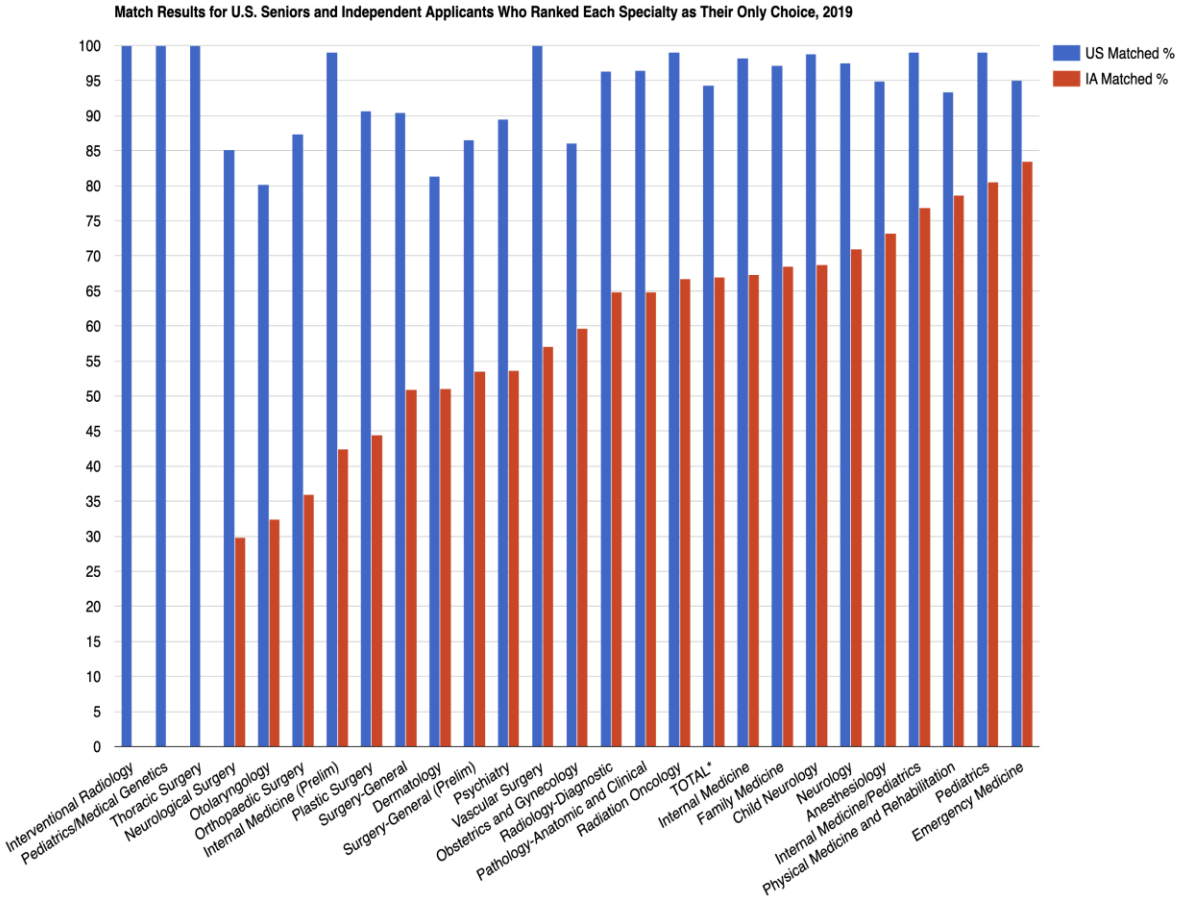

Match Results for U.S. Seniors and Independent Applicants Who Ranked Each Specialty as Their Only Choice, 2019
US Matched %
IA Matched %
100
95
90
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0
Interventional Radiology
Pediatrics/Medical Genetics
Thoracic Surgery
Neurological Surgery
Otolaryngology
Orthopaedic Surgery
Internal Medicine (Prelim)
Plastic Surgery
Surgery-General
Dermatology
Surgery-General (Prelim)
Psychiatry
Vascular Surgery
Obstetrics and Gynecology
Radiology-Diagnostic
Pathology-Anatomic and Clinical
Radiation Oncology
TOTAL*
Internal Medicine
Family Medicine
Child Neurology
Neurology
Anesthesiology
Internal Medicine/Pediatrics
Physical Medicine and Rehabilitation
Pediatrics
Emergency Medicine

Table 14 B

Match Results for U.S. IMG and Non-U.S. IMG Applicants Who Ranked Each Specialty as Their Only Choice, 2021

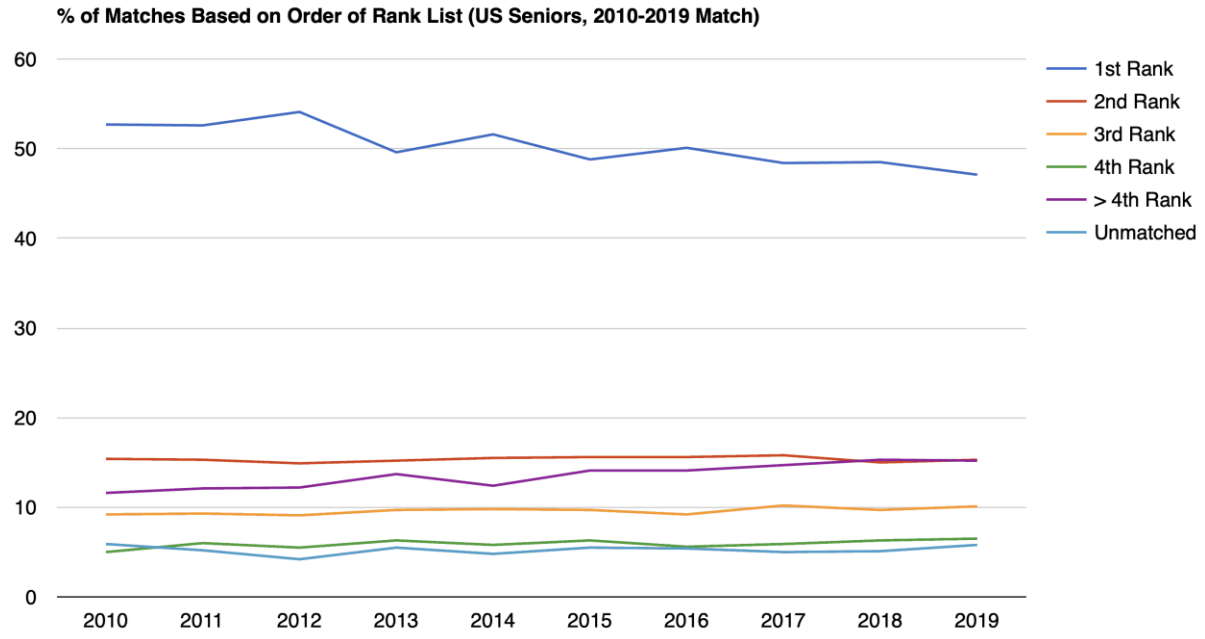
	Matched		Unmatched		Total		Percent Matched		Percent Unmatched	
Specialty	U.S.IMG	IMG	U.S. IMG	IMG	U.S. IMG	IMG	U.S. IMG	IMG	U.S. IMG	IMG
Anesthesiology	35	48	34	56	69	104	1.9	1.7	49.3	53.8
Child Neurology	5	8	1	3	6	11	0.3	0.3	16.7	27.3
Dermatology	2	8	10	9	12	17	0.1	0.3	83.3	52.9
Emergency Medicine	84	13	51	18	135	31	4.6	0.4	37.8	58.1
Family Medicine	461	235	383	269	844	504	25.1	8.1	45.4	53.4
Internal Medicine	787	1,743	479	1,337	1,266	3,080	42.9	60.3	37.8	43.4
Internal Medicine (Prelim)	2	5	8	20	10	25	0.1	0.2	80.0	80.0
Internal Medicine/Emergency Medicine	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Internal Medicine/Pediatrics	1	0	4	7	5	7	0.1	0.0	80.0	100.0
Internal Medicine/Psychiatry	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Interventional Radiology	0	0	0	1	0	1	0.0	0.0	0.0	100.0
Neurological Surgery	5	9	5	23	10	32	0.3	0.3	50.0	71.9
Neurology	28	126	34	107	62	233	1.5	4.4	54.8	45.9
Obstetrics and Gynecology	31	16	38	38	69	54	1.7	0.6	55.1	70.4
Orthopaedic Surgery	3	2	13	18	16	20	0.2	0.1	81.3	90.0
Osteopathic Neuromusculoskeletal Medicine	0	0	1	0	1	0	0.0	0.0	100.0	0.0
Otolaryngology	2	4	4	1	6	5	0.1	0.1	66.7	20.0
Pathology-Anatomic and Clinical	48	190	54	106	102	296	2.6	6.6	52.9	35.8
Pediatrics	153	257	58	192	211	449	8.3	8.9	27.5	42.8
Pediatrics (Prelim)	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Pediatrics/Medical Genetics	0	0	0	2	0	2	0.0	0.0	0.0	100.0
Pediatrics/Psychiatry/Child and Adolescent Psychiatry	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Physical Medicine and Rehabilitation	9	9	8	7	17	16	0.5	0.3	47.1	43.8
Plastic Surgery	1	2	5	4	6	6	0.1	0.1	83.3	66.7
Psychiatry	114	96	154	130	268	226	6.2	3.3	57.5	57.5
Radiation Oncology	3	14	3	4	6	18	0.2	0.5	50.0	22.2
Radiology-Diagnostic	15	33	17	49	32	82	0.8	1.1	53.1	59.8
Surgery-General	39	30	46	78	85	108	2.1	1.0	54.1	72.2
Surgery-General (Prelim)	3	32	18	37	21	69	0.2	1.1	85.7	53.6
Thoracic Surgery	0	0	0	2	0	2	0.0	0.0	0.0	100.0
Vascular Surgery	0	2	2	11	2	13	0.0	0.1	100.0	84.6
TOTAL*	**1,834**	**2,890**	**1,444**	**2,545**	**3,278**	**5,435**	**100.0**	**100.0**	**44.1**	**46.8**

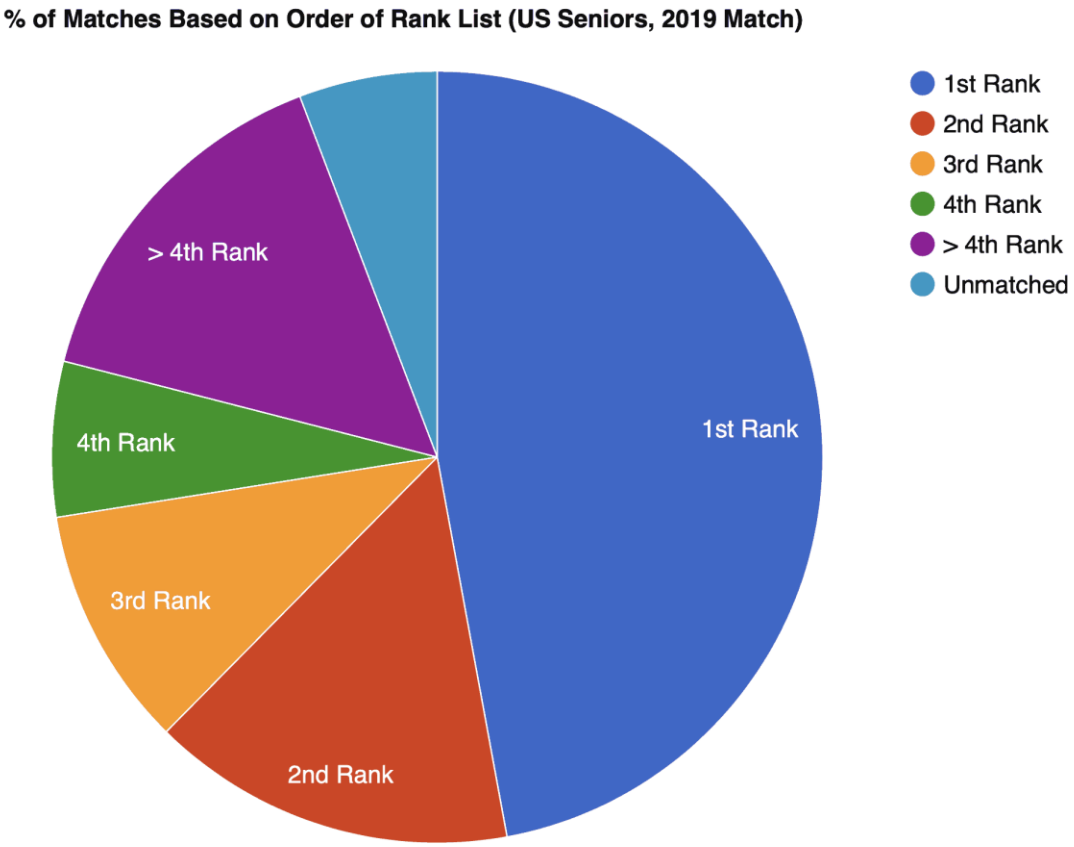
Note: Specialties with fewer than 20 total positions are not displayed on this table. Transitional Year is excluded.

* The **TOTAL** row includes all positions in all specialties.

Will You Match at Your First Choice?

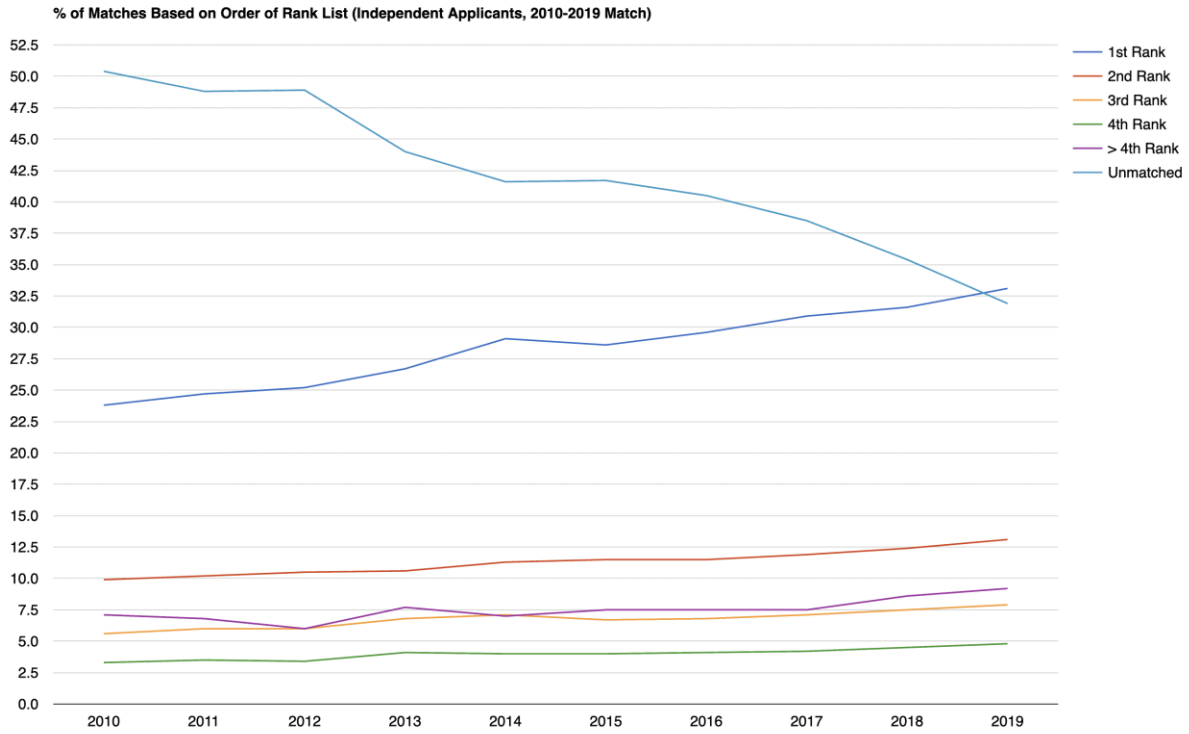
One closely tracked metric is how often people match at their first choice program. As you might expect, U.S. Seniors match their first-choice programs at a higher rate.

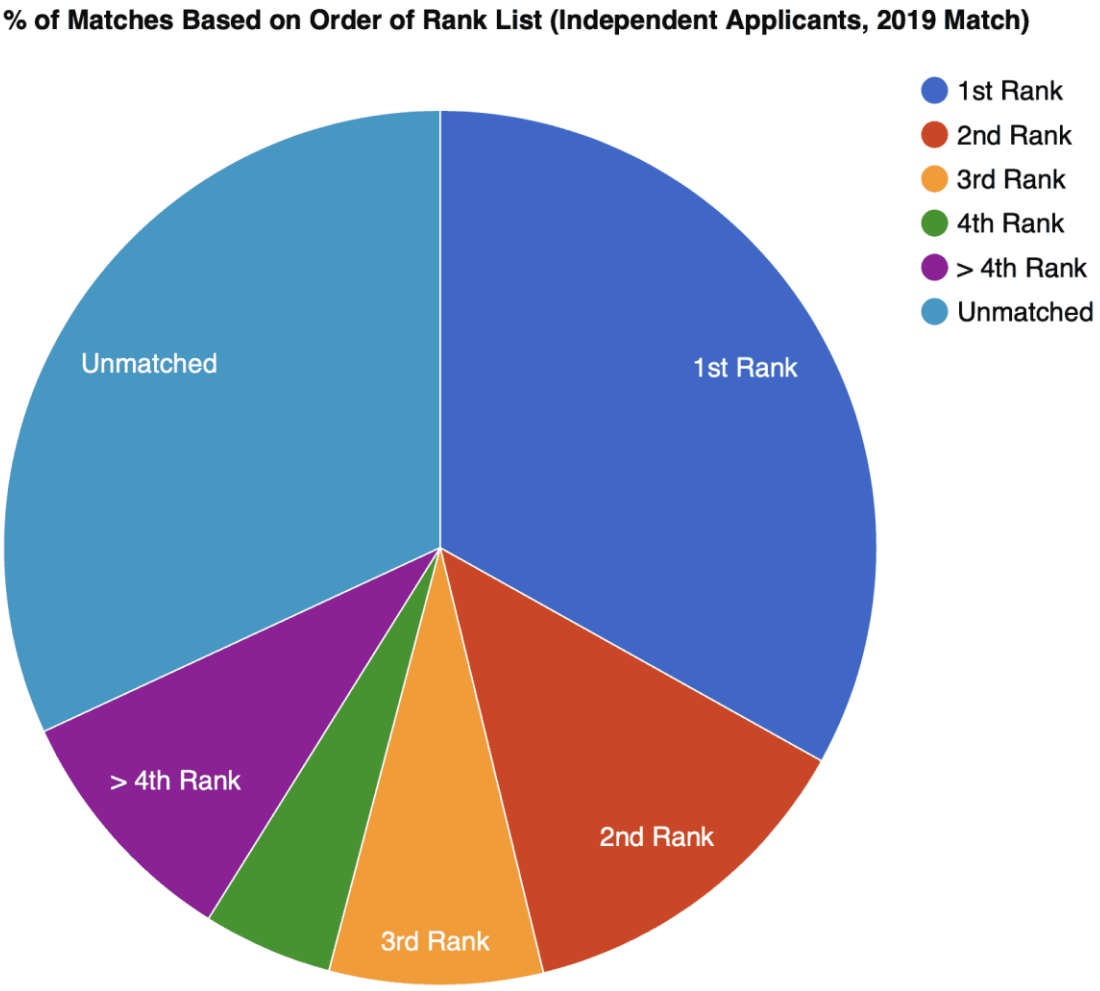




What do you notice? The number of people who match in the first-choice programs has decreased over the past ten years. That said, nearly 75% of U.S. Seniors match at one of their top three choices.

Here are the same data for Independent Applicants (IMGs, Dos, etc.)





How Do So Many People Match at Their Top Choices?

You may be wondering how so many people can match their top choices. Note that "choices" refers to the list of preferences on the Match list. So, when schools advertise the number of students who match their "top choice," it is misleading. "Top choice" refers to its spot on my Match list, NOT my pre-application preferences.
In other words, let's say I wanted to go to Harvard University. However, if I didn't receive/attend an interview, I wouldn't be able to add it to my Match list. Even if I desperately wanted to go to Harvard, it wouldn't count as my "top choice" if I didn't interview there.

2.IMG Match Stats

https://www.nrmp.org/wp-content/uploads/2021/08/Charting-Outcomes-in-the-Match-2020_IMG_final.pdf

Table 13 B U.S. IMG and Non-U.S. IMG Choices by Specialty, 2021

Specialty	Total Positions	Non- U.S. IMG				U.S. IMG				Positions per All IMG Applicants
		Preferred Choice			Positions per Non-U.S. IMG	Preferred Choice			Positions per U.S. IMG	
		Only Choice	First Choice	Not First Choice		Only Choice	First Choice	Not First Choice		
Anesthesiology	1,893	104	120	42	8.5	69	119	36	10.1	4.6
Child Neurology	187	11	25	31	5.2	6	5	12	17.0	4.0
Dermatology	527	17	11	2	18.8	12	4	0	32.9	12.0
Emergency Medicine	2,840	31	53	18	33.8	135	114	55	11.4	8.5
Family Medicine	4,823	504	235	619	6.5	844	297	766	4.2	2.6
Internal Medicine	9,465	3,080	1,019	696	2.3	1,266	714	610	4.8	1.6
Internal Medicine (Prelim)	1,833	25	29	539	33.9	10	17	304	67.9	22.6
Internal Medicine/Emergency Medicine	31	0	1	1	31.0	0	4	5	7.8	6.2
Internal Medicine/Pediatrics	385	7	30	41	10.4	5	12	28	22.6	7.1
Internal Medicine/Psychiatry	24	0	4	4	6.0	0	0	5	0.0	6.0
Interventional Radiology	164	1	11	13	13.7	0	9	5	18.2	7.8
Neurological Surgery	234	32	17	1	4.8	10	4	2	16.7	3.7
Neurology	990	233	175	159	2.4	62	63	52	7.9	1.9
Obstetrics and Gynecology	1,460	54	55	22	13.4	69	70	28	10.5	5.9
Orthopaedic Surgery	868	20	7	1	32.1	16	11	2	32.1	16.1
Osteopathic Neuromusculoskeletal Medicine	21	0	0	0	0.0	1	0	2	21.0	21.0
Otolaryngology	350	5	1	0	58.3	6	1	1	50.0	26.9
Pathology-Anatomic and Clinical	611	296	40	99	1.8	102	29	40	4.7	1.3
Pediatrics	2,976	449	137	302	5.1	211	109	128	9.3	3.3
Pediatrics (Prelim)	24	0	0	6	0.0	0	0	3	0.0	0.0
Pediatrics/Medical Genetics	27	2	4	7	4.5	0	1	1	27.0	3.9
Pediatrics/Psychiatry/Child and Adolescent Psychiatry	21	0	3	2	7.0	0	1	4	21.0	5.3
Physical Medicine and Rehabilitation	499	16	14	9	16.6	17	39	13	8.9	5.8
Plastic Surgery	187	6	15	1	8.9	6	2	3	23.4	6.4
Psychiatry	1,907	226	72	80	6.4	268	120	109	4.9	2.8
Radiation Oncology	193	18	12	5	6.4	6	5	1	17.5	4.7
Radiology-Diagnostic	1,139	82	120	32	5.6	32	66	25	11.6	3.8
Surgery-General	1,569	108	188	114	5.3	85	143	67	6.9	3.0
Surgery-General (Prelim)	1,136	69	57	331	9.0	21	18	197	29.1	6.9
Thoracic Surgery	46	2	7	4	5.1	0	6	1	7.7	3.1
Vascular Surgery	79	13	20	8	2.4	2	5	2	11.3	2.0
TOTAL *	**38,106**	**5,435**	**2,505**	**3,412**		**3,278**	**2,016**	**2,737**		

Only choice includes applicants who ranked that specialty first on their rank order lists (ROLs) and ranked no other specialties. **First choice** includes applicants who ranked that specialty first and ranked at least one other specialty on their ROLs. **Not first choice** includes applicants who ranked another specialty first but also included that specialty on their ROLs. **Preferred choice** is defined as either only choice or first choice. Transitional Year programs were excluded from these counts because they are not considered a preference for a specific specialty.

Total Positions: includes all positions (categorical, advanced, primary care categorical, and physician) except preliminary positions offered in a specialty. Preliminary positions are reported separately.

Positions Per Non-U.S. IMG: is the ratio of Total Positions to the number of Non-U.S. IMG for whom that specialty was the first or only choice.
Positions Per U.S. IMG: is the ratio of Total Positions to the number of U.S. IMG for whom that specialty was the first or only choice.
Positions Per All Applicants: is the ratio of Total Positions to the number of Non-U.S. IMG and U.S. IMG for whom that specialty was the first or only choice.

Note: Specialties with fewer than 20 total positions are not displayed on this table.

* The **TOTAL** row includes all positions in all specialties.

Table 14 B — Match Results for U.S. IMG and Non-U.S. IMG Applicants Who Ranked Each Specialty as Their Only Choice, 2021

	Matched		Unmatched		Total		Percent Matched		Percent Unmatched	
Specialty	U.S.IMG	IMG	U.S. IMG	IMG	U.S. IMG	IMG	U.S. IMG	IMG	U.S. IMG	IMG
Anesthesiology	35	48	34	56	69	104	1.9	1.7	49.3	53.8
Child Neurology	5	8	1	3	6	11	0.3	0.3	16.7	27.3
Dermatology	2	8	10	9	12	17	0.1	0.3	83.3	52.9
Emergency Medicine	84	13	51	18	135	31	4.6	0.4	37.8	58.1
Family Medicine	461	235	383	269	844	504	25.1	8.1	45.4	53.4
Internal Medicine	787	1,743	479	1,337	1,266	3,080	42.9	60.3	37.8	43.4
Internal Medicine (Prelim)	2	5	8	20	10	25	0.1	0.2	80.0	80.0
Internal Medicine/Emergency Medicine	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Internal Medicine/Pediatrics	1	0	4	7	5	7	0.1	0.0	80.0	100.0
Internal Medicine/Psychiatry	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Interventional Radiology	0	0	0	1	0	1	0.0	0.0	0.0	100.0
Neurological Surgery	5	9	5	23	10	32	0.3	0.3	50.0	71.9
Neurology	28	126	34	107	62	233	1.5	4.4	54.8	45.9
Obstetrics and Gynecology	31	16	38	38	69	54	1.7	0.6	55.1	70.4
Orthopaedic Surgery	3	2	13	18	16	20	0.2	0.1	81.3	90.0
Osteopathic Neuromusculoskeletal Medicine	0	0	1	0	1	0	0.0	0.0	100.0	0.0
Otolaryngology	2	4	4	1	6	5	0.1	0.1	66.7	20.0
Pathology-Anatomic and Clinical	48	190	54	106	102	296	2.6	6.6	52.9	35.8
Pediatrics	153	257	58	192	211	449	8.3	8.9	27.5	42.8
Pediatrics (Prelim)	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Pediatrics/Medical Genetics	0	0	0	2	0	2	0.0	0.0	0.0	100.0
Pediatrics/Psychiatry/Child and Adolescent Psychiatry	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Physical Medicine and Rehabilitation	9	9	8	7	17	16	0.5	0.3	47.1	43.8
Plastic Surgery	1	2	5	4	6	6	0.1	0.1	83.3	66.7
Psychiatry	114	96	154	130	268	226	6.2	3.3	57.5	57.5
Radiation Oncology	3	14	3	4	6	18	0.2	0.5	50.0	22.2
Radiology-Diagnostic	15	33	17	49	32	82	0.8	1.1	53.1	59.8
Surgery-General	39	30	46	78	85	108	2.1	1.0	54.1	72.2
Surgery-General (Prelim)	3	32	18	37	21	69	0.2	1.1	85.7	53.6
Thoracic Surgery	0	0	0	2	0	2	0.0	0.0	0.0	100.0
Vascular Surgery	0	2	2	11	2	13	0.0	0.1	100.0	84.6
TOTAL*	**1,834**	**2,890**	**1,444**	**2,545**	**3,278**	**5,435**	**100.0**	**100.0**	**44.1**	**46.8**

Note: Specialties with fewer than 20 total positions are not displayed on this table. Transitional Year is excluded.

* The **TOTAL** row includes all positions in all specialties.

We can also look at the Match data from the lens of which programs are most IMG-friendly. Here is a list of the programs with the highest proportion of spots filled by IMGs. Specifically, we look at the percentage of NRMP 2019 positions filled by the US and Non-US IMGs. Note: unless otherwise noted as PGY-2 or "R," positions are PGY-1/Categorical.

Specialty	Number Filled	U.S. IMG	Non-U.S. IMG	IMG Total
Emergency Med-Anesthesiology	1	0.0%	100.0%	100.0%
Interventional Radiology (Integrated) (Physician, "R")	1	100.0%	0.0%	100.0%
Preventive Medicine	1	0.0%	100.0%	100.0%
Medicine-Preventive Med	6	0.0%	66.7%	66.7%
Neurology (Physician, "R")	14	7.1%	57.1%	64.2%
Child Neurology (Physician, "R")	12	8.3%	50.0%	58.3%
Emergency Med-Family Med	4	50.0%	0.0%	50.0%
Radiology-Nuclear Med (PGY-2)	2	0.0%	50.0%	50.0%
Pediatrics-Primary	89	19.1%	30.3%	49.4%
Pathology	569	12.3%	36.9%	49.2%
Child Neurology (PGY-2)	9	0.0%	44.4%	44.4%
Surgery-Preliminary (PGY-1 Only)	581	14.1%	28.6%	42.7%
Internal Medicine (Categorical)	7,892	14.0%	26.6%	40.6%

Specialty	Number Filled	U.S. IMG	Non-U.S. IMG	IMG Total
Neurology (Categorical)	594	9.8%	24.7%	34.5%
OB/GYN-Preliminary (PGY-1 Only)	9	11.1%	22.2%	33.3%
Family Medicine	3,827	19.4%	9.6%	29.0%
Medicine-Primary	386	9.6%	18.1%	27.7%
Neurodevelopmental Disabilities (Categorical)	4	25.0%	0.0%	25.0%
Neurology (PGY-2)	266	5.3%	18.8%	24.1%
Total Physician (R)	189	8.5%	14.8%	23.3%
Total PGY-1	30,550	9.8%	13.2%	23.0%
GRAND TOTAL	33,417	9.3%	12.6%	21.9%
Pediatrics-Preliminary	19	0.0%	21.1%	21.1%
Pediatrics (Categorical)	2,778	8.0%	11.0%	19.0%
Physical Medicine & Rehab (Physician, "R")	16	18.8%	0.0%	18.8%
Anesthesiology (Physician, "R")	91	7.7%	11.0%	18.7%
Radiology-Diagnostic (Categorical)	122	4.9%	13.1%	18.0%
Child Neurology (Categorical)	133	4.5%	12.0%	16.5%
Psychiatry	1,720	8.5%	7.7%	16.2%

Specialty	Number Filled	U.S. IMG	Non-U.S. IMG	IMG Total
Radiology-Diagnostic (Physician, "R")	27	7.4%	7.4%	14.8%
Medicine-Preliminary (PGY-1 Only)	1,796	5.5%	8.6%	14.1%
Anesthesiology (PGY-2)	420	9.8%	4.0%	13.8%
Dermatology (Physician, "R")	25	4.0%	8.0%	12.0%
Radiology-Diagnostic (PGY-2)	950	3.3%	8.1%	11.4%
Surgery (Categorical)	1,432	5.8%	4.8%	10.6%
Anesthesiology (Categorical)	1,316	4.6%	5.9%	10.5%
Total PGY-2	2,678	3.9%	6.3%	10.2%
Physical Medicine & Rehab (Categorical)	138	7.2%	2.9%	10.1%
Vascular Surgery	64	3.1%	6.3%	9.4%
Transitional (PGY-1 Only)	1,101	5.2%	4.1%	9.3%
Medicine-Pediatrics	383	4.7%	3.9%	8.6%
Medicine-Emergency Med	26	7.7%	0.0%	7.7%
Physical Medicine & Rehab (PGY-2)	305	5.2%	2.0%	7.2%
Dermatology (Categorical)	28	0.0%	7.1%	7.1%
Radiation Oncology (Categorical)	14	0.0%	7.1%	7.1%

Specialty	Number Filled	U.S. IMG	Non-U.S. IMG	IMG Total
Obstetrics-Gynecology	1,392	3.0%	3.0%	6.0%
Emergency Medicine	2,458	4.6%	1.1%	5.7%
Thoracic Surgery	37	0.0%	5.4%	5.4%
Radiation Oncology (PGY-2)	163	0.0%	3.7%	3.7%
Neurological Surgery	231	0.0%	3.5%	3.5%
Plastic Surgery (Integrated)	172	1.2%	1.2%	2.4%
Dermatology (PGY-2)	444	0.5%	1.6%	2.1%
Otolaryngology	328	0.6%	1.5%	2.1%
Orthopedic Surgery	752	0.9%	0.4%	1.3%
Interventional Radiology (Integrated) (PGY-2)	113	0.9%	0.0%	0.9%
Family Medicine-ONMM	1	0.0%	0.0%	0.0%
Family Med-Preventive Med	4	0.0%	0.0%	0.0%
Medicine-Anesthesiology	4	0.0%	0.0%	0.0%
Medicine-Dermatology	7	0.0%	0.0%	0.0%
Medicine-Medical Genetics	1	0.0%	0.0%	0.0%
Medicine-Psychiatry	23	0.0%	0.0%	0.0%

Specialty	Number Filled	U.S. IMG	Non-U.S. IMG	IMG Total
Interventional Radiology (Integrated) (Categorical)	37	0.0%	0.0%	0.0%
Neurodevelopmental Disabilities (PGY-2)	3	0.0%	0.0%	0.0%
Neurodevelopmental Disabilities (Physician, "R")	1	0.0%	0.0%	0.0%
Osteo Neuromusculoskeletal Med (PGY-2)	3	0.0%	0.0%	0.0%
Pediatrics-Anesthesiology	7	0.0%	0.0%	0.0%
Pediatrics-Emergency Med	8	0.0%	0.0%	0.0%
Pediatrics-Medical Genetics	16	0.0%	0.0%	0.0%
Pediatrics-P M & R	3	0.0%	0.0%	0.0%
Peds/Psych/Child Psych	21	0.0%	0.0%	0.0%
Psychiatry-Family Medicine	12	0.0%	0.0%	0.0%
Psychiatry-Neurology	3	0.0%	0.0%	0.0%
Radiation Oncology (Physician, "R")	2	0.0%	0.0%	0.0

What if You Don't Match?

SOAP ("Scramble")

As you look through the data, you'll see two things:
1. Not every person who applies will match to a residency spot
2. Not every residency position gets filled
So what happens to the applicants/positions that aren't matched? Many will go on to the SOAP (Supplemental Offer and Acceptance Program). Sometimes called the "Scramble," SOAP offers unmatched applicants a second chance at matching. This occurs during Match Week, specifically the week leading up to Match Day.

Unmatched vs. Partially Unmatched: What is the Difference?

Before discussing SOAP, let's discuss the difference between unmatched and "partially" unmatched. You'd think that they would mean the same thing. But, how can someone be "partially" unmatched?
The distinction matters only for those who need a PGY-1 position. Recall that I need BOTH a PGY-1 and a PGY-2 position for specialties like radiology. In other words, I need to match into an "advanced" radiology position but also am responsible for my intern PGY-1 year. Sometimes, people will match into one but not the other. So, if I matched into a PGY-2 radiology position but didn't secure a PGY-1 position, I'd be "partially" unmatched. Thus, I would need to find a PGY-1 position unless my PGY-2 advanced position would be in jeopardy.
When might it be more common to see applicants match into a PGY-2 position but not into a PGY-1? Often, their application was much stronger for their specialty than for the general PGY-1 positions. In addition, since "preliminary" year programs are for one year, they care less about your research and more about your ability to do an intern's work.
For example, someone may have a ton of radiology research but may not have strong clerkship grades/USMLEs. Therefore, they may be a lock for a radiology position but may not be as strong of an applicant for PGY-1 positions.

SOAP: How Does It Work, Exactly?

On the Monday of Match Week, at 9:00 AM ET, applicants learn if (but not where) they matched. They won't know WHERE they matched – simply whether they matched or not. Then, from Monday through Thursday of Match Week, partially/unmatched applicants participate in SOAP. The "Scramble" is essentially a condensed speed-dating-like process between programs with unfilled positions and partially/unmatched applicants.
To participate in SOAP, applicants must be:
1. Registered for the Main Residency Match,
2. Eligible to enter graduate medical education (GME) on July 1 in the year of the Match, as verified by their medical school or ECFMG, and
3. Partially matched or fully unmatched on Monday of Match Week.
Here is a video the NRMP put together, explaining the SOAP process:
https://youtu.be/yqoNCr0HdBQ

It is a stressful and trying time for programs and applicants alike. People who were dead-set on a given specialty may change/defer their dreams.

Rates of "Scrambling" Vary Based on Applicant Type

As you might imagine, the rates of successfully "scrambling" into a spot vary widely.

Table 19 SOAP Applicants Accepting Positions by Type, 2020 - 2021

Applicant Type	2021			2020		
	Eligible Applicants	Positions Accepted	Unique Applicants Accepting Positions	Eligible Applicants	Positions Accepted	Unique Applicants Accepting Positions
Seniors of U.S. MD Medical Schools	2,125	846	842	2,025	802	787
Graduates of U.S. MD Medical Schools	999	89	89	937	94	92
Seniors of U.S. DO Medical Schools	964	484	484	760	413	412
Graduates of U.S. DO Medical Schools	428	41	41	400	45	45
U.S. Citizen Students/Graduates of International Medical Schools	3,700	175	175	3,354	194	193
Non-U.S. Citizen Students/Graduates of International Medical Schools	5,876	138	138	4,331	139	139
Students/Graduates of Canadian Medical Schools and Fifth Pathway Progs	23	0	0	9	0	0
Total	**14,115**	**1,773**	**1,769**	**11,816**	**1,687**	**1,668**

You can see in the above table that U.S. seniors have a much higher chance at SOAP. Of eligible U.S. Senior applicants, roughly 1/3 ultimately accepted a SOAP position.

On the other end of the spectrum, IMGs have a dismal acceptance rate via SOAP. For example, in 2019, only 3.1% and 2.4% of U.S. and Non-US IMG SOAP applicants accepted positions.

Some SOAP Positions Fill More Than Others

As you might imagine, some SOAP positions are more attractive than others. Traditionally, preliminary spots (especially prelim surgery positions) fill at low rates.

Table 18 Participating Programs and Positions Filled in SOAP, 2020 - 2021

Specialty	2021 Participating Programs	2021 Available Positions	2021 Filled Programs	2021 Filled Positions	2020 Participating Programs	2020 Available Positions	2020 Filled Programs	2020 Filled Positions
PGY-1 Positions								
Anesthesiology	2	3	2	3	1	1		
Child Neurology	9	10	8	9	6	7	4	5
Emergency Medicine	4	7	3	6	5	11	4	10
Family Medicine	129	348	124	340	139	337	119	294
Internal Medicine (Categorical)	72	387	62	368	64	352	47	316
Medicine-Dermatology	1	1	1	1	1	1	1	1
Medicine-Medical Genetics					1	1		
Medicine-Pediatrics					4	9	4	9
Medicine-Preliminary (PGY-1 Only)	75	195	69	181	55	142	44	126
Medicine-Primary	1	4	1	4	2	5	1	4
Interventional Radiology (Integrated)	3	3	2	2	1	1	1	1
Neurology	7	13	7	13	11	17	11	17
Obstetrics-Gynecology	2	3	2	3	2	3	2	3
OB/GYN-Preliminary (PGY-1 Only)	5	7	5	7	6	9	6	9
Orthopedic Surgery	2	4	2	4	4	4	4	4
Osteo Neuromusculoskeletal Med	3	6	2	4	2	2	1	1
Otolaryngology					2	2	2	2
Pathology	12	18	11	17	9	13	9	13
Pediatrics (Categorical)	14	38	14	38	22	50	21	49
Pediatrics-Medical Genetics	1	1	1	1	1	1	1	1
Pediatrics-Preliminary					3	5	3	5
Pediatrics-Primary	1	1	1	1	1	2	1	2
Physical Medicine & Rehab	1	1	1	1				
Psychiatry	1	4	1	4	10	18	8	16
Radiation Oncology	1	3		2	1	3	1	3
Radiology-Diagnostic	1	4	1	4	4	7	4	7
Surgery (Categorical)	3	5	3	5	4	5	4	5
Surgery-Preliminary (PGY-1 Only)	144	519	130	493	170	580	135	537
Transitional (PGY-1 Only)	50	230	47	219	44	206	28	170
Vascular Surgery					1	2	1	2
Total - PGY-1	**544**	**1,815**	**500**	**1,730**	**576**	**1,796**	**467**	**1,612**
PGY-2 Positions								
Anesthesiology					1	2		
Child Neurology	2	2			3	3		
Dermatology	3	4	2	2	5	8	3	6
Interventional Radiology (Integrated)	3	4	3	4	5	6	5	6
Neurology	3	4	1	1	1	4	1	4
Osteo Neuromusculoskeletal Med	3	4	2	2	2	5		1
Physical Medicine & Rehab	1	2	1	2	1	4	1	4
Radiation Oncology	23	28	15	19	21	30	15	24
Radiology-Diagnostic	2	3			13	18	13	18
Total - PGY-2	**40**	**51**	**24**	**30**	**52**	**80**	**38**	**63**
Physician (R) Positions*								
Anesthesiology	4	4	1	1	7	7	7	7
Child Neurology	6	6	1	1	7	7	1	1
Neurodevelopmental Disabilities					1	1		
Neurology	3	3	1	1	2	2	1	1
Osteo Neuromusculoskeletal Med	1	1			1	1		
Physical Medicine & Rehab	2	3	2	3				
Radiation Oncology	1	1	1	1				
Radiology-Diagnostic	5	8	4	6	2	3	2	3
Total - Physician	**22**	**26**	**10**	**13**	**20**	**21**	**11**	**12**
Grand Total	**606**	**1,892**	**534**	**1,773**	**648**	**1,897**	**516**	**1,687**

* Physician (R) positions are PGY-2 positions starting in the year of the Match that are reserved for applicants who have had prior graduate medical education. Physician positions are not available to senior medical students. In *Results and Data Books* prior to 2014, the numbers of R positions were small and they were included in the categorical position counts. In this report, R positions are listed separately.

Concluding Thoughts

Any physician knows that where you went to residency has a far more significant impact on your future practice than where you went to medical school. No one cares about what medical school you went to instead of what residency/fellowship you attended. And for a good reason, where your residency is located has a massive impact on where you'll live in the future and what kind of practice you'll have. If you work hard for two years, you can positively impact the rest of your living years. This book contains everything you need to know; all that is expected from you is to execute.

Guidance and Mentorship

If you want to have success, the simplest way of achieving success is to find a person who has done everything you want to do and ask them the exact steps they took to reach it. Unfortunately, many people use lack of knowledge as an excuse to not work towards their dreams. "I don't know what the process is like" or "I wish I had someone who can guide me through the steps" I have written this book step-by-step and detailed to serve as your guide. It will be your guide, so what's your excuse now?
If you want more guidance, follow my telegram group https://t.me/sucessfulIMG